

00;00;00;00 - 00;00;28;11

Cale

Welcome to Grin + Bare It. A show that uncovers the remarkable stories from one of the most demanding industries in the world — healthcare. From inventors and trailblazer nurses to frontline workers and scientific experts, we explore the biggest challenges faced in healthcare and how these brilliant people have solved them. I'm your host, Cale Donovan, an award-winning entrepreneur and co-founder of Bare, one of Australia's largest end of life providers.

00;00;28;14 - 00;00;54;06

Cale

On today's episode, I'm chatting with Doctor Preeya Alexander, a practising GP and media personality fed up with medical misinformation that she was seeing online. Preeya decided to build a social profile that aims to demystify health information, making it authentic, approachable and simple. From that first humble post in 2016, Preeya is now an author, TV show presenter, podcaster and in-demand speaker.

00;00;54;12 - 00;01;20;19

Cale

She's really passionate about making health information accessible to all and with it offering a different look and feel to help people connect and ideally inspire change in their lifestyle. In this episode, we're going to discuss what it's like being an "influencer" while still being a working GP and raising a family. Preeya will provide tips on how practitioners can really best help their patients through a world of medical misinformation.

00;01;20;22 - 00;01;36;06

Cale

And finally, we're going to chat about what drives her to put herself in the spotlight for the betterment of others. This is a super interesting look into the world of a new age practitioner. Strap in and enjoy the show.

00;01;36;09 - 00;01;40;09

Cale

Okay. Preeya, thank you so much for joining and welcome to the show.

00;01;40;12 - 00;01;42;26

Preeya

Thank you for having me. I'm very excited about this chat.

00;01;42;28 - 00;01;49;27

Cale

Oh, good. An interesting one to start. What's the best thing about being an expert influencer?

00;01;49;29 - 00;02;12;03

Preeya

That two doesn't actually sit that well with me. It's so odd because my manager will often use it. People in the media will use it. And I guess that's kind of what I am. But, you know, this term influencer, I'm like, am I really? But you're right. Like, I guess I'm on social media. I'm trying to hopefully get some solid medical info out there and influence people in that manner.

00;02;12;10 - 00;02;39;07

Preeya

What's the best thing? I think having people come to me in the community randomly and go, Preeya, I went and got my cervical screening test, because of your video. Actually, the best thing is going shivers, this is actually having an impact in the real world. This is helping people because sometimes, honestly, I'm just posting and you see the views and I honestly am not that good at looking at the numbers and the business insights that that social media can give you.

00;02;39;14 - 00;02;56;22

Preeya

But when you hear people go, it actually has influenced what I've done with my health and my family. Like we eat more rainbows now. We've reduced our salt intake. We now try and walk to school. That kind of gets me my hair standing up on my arms. You know, I go, wow, this is actually pretty cool.

00;02;56;25 - 00;03;09;13

Cale

It warms my heart that that's your answer. I'll flip the script, because that answer could also have easily been the worst thing for others, which is getting pulled up on the street and telling people how you've changed their life. What's the worst thing? Is there a downside to it?

00;03;09;16 - 00;03;47;16

Preeya

And there are some downsides. There's a couple. One is that I, obviously, having a public profile opened myself up to all sorts of things on social media. So people are very ready to drop criticism. Be that on my cooking, my parenting, on what I wear, my voice like, I get a lot of criticism and sometimes it can get quite serious in terms of when I talk about vaccination, particularly during the Covid vaccine rollout, I did get targeted by some anti-vaccination groups, and subsequently we have really, had to kind of make things a lot tighter around our children and schooling and ensuring the images, their names are never exposed.

00;03;47;19 - 00;04;11;01

Preeya

So that's the real downside. There's a safety element and it can be a little bit frightening at times. Plus people can just be mean. You know, sometimes comments can hit quite deep. The other downside, I think, is sometimes when you're out and about, people can come into your sanctuary and you kind of with the kids and you are having a meal and you go, oh, but that often it's very lovely, warm feedback. So you know, it's worth it.

00;04;11;04 - 00;04;25;04

Cale

It's easy to underestimate like the impact of that because I don't have any of that. Most people don't, frankly. So it's mind boggling to me that it can be that vitriolic, you know, and people taking that personally. It's, it's madness really.

00;04;25;06 - 00;04;46;21

Preeya

Yeah. Do you know what else I find interesting is sometimes when you share, and I've just been reflecting on this in the last couple of days, because of an episode that came out on my podcast, Happy to Health, about food allergy prevention and management. Sometimes people get quite offended by science. People go, "But I've been using this and no one told me."

00;04;46;21 - 00;05;05;04

Preeya

And they get defensive and I think come out and lash out and go, why are you generating? See why are you doing this? Why are you telling us this is science, this is the evidence, this is the research. This is what big bodies like ASCIA Allergy and Anaphylaxis Australia say. You're not doing anything wrong. But now here's the nugget.

00;05;05;06 - 00;05;16;11

Preeya

You know that I might sometimes find that really unusual and that people get really offended by the the kind of recommend or the guidelines sometimes. And it's like, well, that's just, you know, take it or leave it.

00;05;16;12 - 00;05;35;27

Cale

Yeah. It's a mouthpiece for objective information. Well, we're going to talk a little bit more about some of the challenges. And I think opportunities within your platform. But before we do, I'd love to get your backstory. Actually the, from childhood through to becoming a doctor, I know, you know, you were a top student since. So you're obviously high achieving from an early age, into social media.

00;05;35;27 - 00;05;43;00

Cale

Yeah. Books. You got the pod. Yeah. You're obviously an incredibly productive person. Would love to hear the sort of the five minute pre-history.

00;05;43;03 - 00;06;02;05

Preeya

That's an interesting question. What are the key things that I think are in my story? So I was raised by my mum. She was a single mother and she was an amazing role model for me. So

I've been raised by my mother. She's a King's Counsel and I have watched my mother, and I think that has kind of driven my motivation and my productivity.

00;06;02;05 - 00;06;15;20

Preeya

She's an efficient person and I think a lot of people go to me, how do you do it all, Preeya, you know, how do you do the books and the kids in addition to that? And I think a bit of it's just personality, but I'm just really efficient. Even my managers like, this is an eight hour job. You'll probably get it done less than that.

00;06;15;20 - 00;06;37;16

Preeya

I just can get to the point sometimes. I was a very, you know, neurotic child. I look back now on my childhood and go, oh, probably think just in hindsight, I initially thought through med school that I'd wanted to do physicians training, and so I did actually do, 18 months of basic physician training where I thought I might be a jury attrition or rheumatologist.

00;06;37;24 - 00;06;59;05

Preeya

But the true kind of things I thought of. And then I just remember being on my haematology rotation and going, I just had this kind of epiphany. And it happened over the course of about 2 to 3 weeks where I just went, I don't think I want medicine to be my whole life. And so I left physician training and I went into general practice, and it's the best thing I think I ever did.

00;06;59;05 - 00;07;25;06

Preeya

I faced a lot of resistance within, within the hospital community, people going, you're too good for that or you're going to be wasted in general practice. And I've done general practice. I ended up getting the, the Richard Gooch Medal, which is the, the top, the top marks of the Victorian exam. So yes, I am a massive nerd. I am, you know, I take this stuff very seriously, but I think having all that academic background gives me the ability to do a lot of the science communication that I do now.

00;07;25;08 - 00;07;47;05

Preeya

But, you know, now my life is I've got two kids, an eight year old, a four year old. I've got Will my husband, who's my, you know, partner in crime, hilarious, fun little bear for this journey of life. He's a plastic and reconstructive surgeon. And between us, we just make this work. The simple stuff that actually matters.

00;07;47;08 - 00;08;06;12

Preeya

It's the, you know, our kids feel safe. We spend a lot of time gardening. We're getting our veggie patch ready for the spring planting, you know, and when stuff all goes to crap. And he's got

complications at work and I've got decent family stuff, you go. But actually, the core of it, we're pretty bloody content. And it's all the simple stuff.

00;08;06;14 - 00;08;17;05

Preeya

It's not the fancy crop on top. Yeah, it's the veggie gardening and the little hugs. And the kids coming to you and going, telling you about their day spontaneously. You're like, actually, this is pretty bloody good.

00;08;17;07 - 00;08;37;29

Cale

I mean it's a great sort of this holistic view of prehistory, obviously a high achiever from a very, very early age, whether that came from you or your neuroticism or something else, who knows. But it's a really good segue to this idea of keeping it simple into some of the questions that I want to ask. And one of the ones that's really intriguing to me is this concept of misinformation.

00;08;38;02 - 00;08;54;19

Cale

And you've mentioned that you built kind of a public platform in and around saying misinformation and just wanting to rectify that or call it out, or maybe present an objective case of what the numbers say. What's the most dangerous piece of misinformation in healthcare at the moment?

00;08;54;21 - 00;09;18;10

Preeya

I think there's lots, I think there's still a lot in the vaccination space that is deeply problematic. We're in the middle of a whooping cough outbreak and vaccine misinformation is a component. I think there's lots of misinformation in the diet and food space. And I say it and it makes me nervous. Like there's a lot of deeply problematic stuff.

00;09;18;10 - 00;09;43;00

Preeya

And I think the diet culture stuff on social media, which is often wrapped in health and wellness, I see the consequences of that in my consulting room all the time. So it's kind of this, it's huge, I think. And I think social media has pros and cons like anything but one of the cons is that people who are unqualified can have massive followings and platforms, and they can really spread misinformation.

00;09;43;02 - 00;10;08;08

Cale

Yeah. I mean, I'm really interested in the, this concept of the individual becoming more sophisticated with their own health. And ultimately, I think that's probably a good thing turning it from a reactive health system into a proactive one. But I think what you're describing there, what

comes with that as well, is that everyone has a lot of access to everything, and it's actually very hard to disseminate what is helpful, valuable, objective verses.

00;10;08;10 - 00;10;17;10

Cale

That sounds about right. And it's actually, not great. Do you say there's more advantage to people becoming more sophisticated about their own health?

00;10;17;13 - 00;10;33;28

Preeya

I do, I think that and that's what I try and do on social media, is to try and give people some little nuggets so they can build their knowledge base and as you said, become a little bit more proactive. So go to the GP and say, I've heard that age for bowel cancer screening has dropped. I've heard I can start it.

00;10;33;28 - 00;11;00;21

Preeya

You know, 40 to 44 after chatting to you. I've heard that, you know, if I've got, you know, this kind of change in my breast, I should get it checked. So, yeah, I do think that that kind of increase in health literacy is powerful. What can sometimes happen, though, and what we see on social media, though, is that sometimes people start to kind of disseminate anecdotal evidence of what's happened to them with an intrauterine device.

00;11;00;23 - 00;11;21;22

Preeya

And so that's where I think can be really problematic. And what people with a science background or a qualified health professional will do is try to do the pros and the cons and the risk and the benefit. And we tend not to ever say this is the only solution. Where is on social media. I think when people get a little bit of health literacy and start to disseminate information in, they perhaps not qualified is they don't sell it like that.

00;11;21;22 - 00;11;30;20

Preeya

It's like this is the only diet that will fix your problem. This is the only solution for your sleep problem, and that's just not the case. And we know that.

00;11;30;22 - 00;11;52;29

Cale

But let's talk about that because your experience as a GP like, why is the psychology like that, which is I think if you polled the majority of adult Australians they would identify, yeah, eating well, getting good sleep, exercising and probably the attack on is having good old, you know, wholesome relationships like not being lonely is a big one.

00;11;53;01 - 00;12;08;13

Cale

We know this. Everyone knows it. But like, it's difficult to apply in many instances. Can you tell anything from like sitting in the GP chair why that is? Why people don't just go and get up and, you know, have their own veggies and get a good night's sleep and do all these other things.

00;12;08;15 - 00;12;27;02

Preeya

Because it's hard. And I often say to people when I prescribe to people, I do a lot of the life scripts. I write the prescription and I go, let's aim for, you know, this much activity if we can. Let's try and improve our sleep hygiene and improve the sleep quality. When I write it down, people go, I know this stuff, but you writing it down makes it feel more real and less loose.

00;12;27;02 - 00;12;49;05

Preeya

So many people go to me, feels less worry when you when you write it. You know, I actually have to remind myself because yes, we know it, but it gets lost in the business and the full plate of life, I think. And that's why I write the last scripts that people buy in. I go, this is like me prescribing you a medication for your blood pressure or your diabetes. This is no different. Pop out on your fridge. This is a script.

00;12;49;07 - 00;12;52;17

Cale

Do you personally wear any wearables?

00;12;52;20 - 00;13;11;13

Preeya

You know. So I used to, And do you know what? I found it slightly intrusive on my life, and I noticed that my kind of neurotic personality started to kind of latch on to it a little bit too much. And I don't like messages and stuff popping up. My phone's already a problem in my life. I'm not. I don't need anything extra.

00;13;11;15 - 00;13;29;17

Cale

Yeah. Now it's interesting. Just because the way you describe the. I always need to prescribe something, or you need to spend money to be bought in, that there's something inside of you that can solve this for you. And you know, I can certainly see the alternative, which is it actually makes you more neurotic almost about these things. And that's half the battle.

00;13;29;21 - 00;13;37;25

Cale

Yeah. This is always the tricky question. Sleep, good relationships, exercise. If you had to pick one that someone should prioritise. Which is it?

00;13;37;27 - 00;14;23;08

Preeya

If I had to pick one, all of them I love, you know, loneliness and the health risks of loneliness like I've prescribed to patients in the last months. The physical and the mental health complications of loneliness. Huge. Like increased risk of dementia, heart disease. It's massive. Eating, you know, I'm very passionate about that. Sleeping, very passionate. But you know, physical activity for me personally, you know, it manages this and my stress levels. It helps me sleep better at night. It makes me a better parent. And then I think of all the chronic disease benefits and more. I'm reading on longevity. You're likely to live a longer and better life. Yeah. For me, if I had to pick one and I, I usually don't. I normally don't commit. But I think for me it has to be physical activity.

00;14;23;14 - 00;15;06;05

Cale

You know, it makes a lot of sense because, not that there is a hierarchy, but as you describe it, if personally, if I were to go out and have a really good exercise session, inherently I do sleep better and I'm more mindful about what I eat because I don't want to ruin it. Ideally as well, it gets you out into the community or outside into the world, and you can interact with people. So it makes a ton of sense. You mentioned the writing the life script. I think it's a brilliant, brilliant idea. Is there any other tips that you have for health practitioners specifically? Like the best way to communicate maybe complicated or topical things in a simple fashion to a patient who kind of is getting a little bit more sophisticated and educated, even if that's the wrong education.

00;15;06;08 - 00;15;25;23

Preeya

So what I tend to do when I've just started sharing these on Instagram, actually, because a couple of my patients said, gosh, could you? I've told my friends about the map that you draw me. Could you do that map for everybody? Like, polycystic ovarian syndrome or whatever it is? So I do draw maps for my patients, but think the moment my brain in a concept goes, this is getting tricky.

00;15;25;23 - 00;15;52;02

Preeya

I said to the patient, I'm going to cut my brain open and tell you what I'm thinking. Let's draw a map together where I'll get a piece of paper or the whiteboard. Most of the time they want to take it home and I will draw out what I'm thinking. It serves two purposes to me. It helps me ensure I'm not missing anything, but it also really helps a patient digest it when there's lots of different things going on, seeing it visually, hearing it for me.

00;15;52;02 - 00;16;14;17

Preeya

And sometimes I say to the patient, which is a technique that we get taught, I think in medical school, certainly in general practice training, you know, getting the patient to explain it back to you to ensure they've understood it. And I used to find without the map that people would kind of



get a bit lost. With the map, they're like, yep, we're going here, we're going to do this. And if this is negative, we're going to go here. It helps them grasp the trickier concepts. I think.

00;16;14;19 - 00;16;34;20

Cale

Amazing, great advice that segue into the role of a GP. I can't let slide a little comment you made as well, which is you had many people telling you you're too good for that, so I won't have you besmirch our nation of GP's there, Preeya. I think you're well-entrenched. So that's, that's all good. Is there a hierarchy?

00;16;34;22 - 00;16;44;08

Cale

I didn't, I was sort of aware of that, which is, is a hierarchy in medicine where, specialists think they are. Yeah. Ultimate versus, a general practitioner, even amazing ones.

00;16;44;10 - 00;17;14;21

Preeya

That's a very tricky question. I think that there is a lot of undermining of general practice that goes on both within the community and sadly, sometimes within the profession. Having said that, I work with many non-GP specialists who really understand the amazing role that a GP can play in kind of a team approach for a patient. But sadly I think there is still the perception in the community and I try and combat this when I go into the media sometimes that, you know, GP's just write scripts and, you know, tears and smears and all these kinds of things.

00;17;14;23 - 00;17;37;05

Preeya

But for a lot of us, general practice is a really difficult job to do. Well, it is extremely exhausting. We need to know a little bit about everything, but lots about something. But there are a lot of people who know that having a good GP is key to good healthcare. There's actually research evidence that says if you've got a good, consistent relationship with a GP, there tends to be better health outcomes.

00;17;37;05 - 00;18;04;05

Preeya

You tend to be less in hospital, like that's evidence based. And, you know, I think some people go, are you just sitting there doing this and that? And I'm like, I was in the clinic last night and it was exhausting. It is a hard job. It is hard. But there is it is so unbelievably rewarding to be the person that a patient comes back to, say, multiple times through the good, the bad, the really horrific. It's the GP who's, who's always there.

00;18;04;07 - 00;18;35;21

Cale

Yeah, I mean I think the, the way the infrastructure has been set and you know, it's frankly it can be difficult to access a GP certainly can be difficult to maintain an ongoing relationship with with

a great GP, has given rise to things like telehealth and, you know, other technology now. And I agree, you know, like if you think about the application effects and trying to move healthcare from very reactive, amazing at curing or treating sick people to proactive, like, let's get you on a path where you don't even need to get to a hospital.

00;18;35;24 - 00;18;46;02

Cale

The GP is the fulcrum of that, right? It's that that's the person that can actually have the most meaningful impact before it even gets to a specialist. So, yeah, it's a really interesting one.

00;18;46;05 - 00;19;17;11

Preeya

The preventative aspect of our job is like that for me is the, the kind of the pinch. Like, I get a bit excited sometimes, but when I'm doing preconception care with a patient and they're planning a pregnancy, I'm like, well, we can like change the health trajectory of this pregnancy for you and the baby just by making sure you're up to date with rubella, you know, optimising the nutritional building blocks if you deficient in anything, you know, talking about genetic carrier screening, can we reduce the risk there that we might have inherited genetic conditions passed on?

00;19;17;14 - 00;19;47;04

Preeya

You know, like, that's pretty amazing stuff. You know, we're talking about cancer prevention in general practice with cervical cancer screening, and it's the preventative health aspect. And where the people who we're talking about are you exercising? Can I help you quit smoking? How many rainbows are you eating? It's a pretty amazing job in terms of the fact that prevention is such a big part of it. That's why I was drawn to general practice. I was like, well, I can actually, you know, being that prevention side and I get to see kids and adults and elderly. I get to see everybody.

00;19;47;04 - 00;20;09;20

Cale

Yeah. The, I mean, you've spoken previously about probably some of the understanding, as you said, of a GP currently is scrapes and sort of ticking, flaking. Just get through them. But you've spoken a lot about actually, it's the therapeutic relationship that you have with someone. And many times people are coming not because they're really sick, they're coming just for a chat.

00;20;09;21 - 00;20;22;22

Cale

That's coming to update. Are you finding that possible as a GP? Are you, would you say you're an, normally nowadays in that? I'd be interested to hear your thoughts on the patient GP relationship and how it's evolved. How do you think it's going?

00;20;22;28 - 00;20;53;20

Preeya

I think it's more difficult to do that kind of chat comes up because the out-of-pocket cost is rising for many, and because it can be harder and harder to book into a GP like availability can be an issue. But I do see some patients particularly kind of 2 to 4 weekly, perhaps for a regular review. And I've got some, you know, two in particular, amazing mentors within general practice who I catch up with regularly one is a retired GP, doctor Andy Morgan, who you might have heard that.

00;20;53;20 - 00;21;15;22

Preeya

So we've got that snippet from about therapy relationships. But, he came and chatted on my podcast to give people an insight into general practice. And I try not to having, you know, now read a lot in this space, using the advice of mentors like Andy tried not to every time focus on this checklist of the mental health stuff, but sometimes going you ready?

00;21;15;24 - 00;21;45;17

Preeya

What are you doing at the moment? How is the training for this going? How's leaving this person's task going? Did you see your friends recently? And it's really the therapeutic relationship that is helping. And you know, I think it's harder and harder for people to have that kind of relationship because of, you know, the way medics built, the fact that out of pocket cost goes to the patient, the availability, like I said, AI is also this thing that's now kind of filtering into general practice.

00;21;45;17 - 00;22;03;16

Preeya

I know this software, but we're talking about now clinic, you can give it a go like it will generate hypotheses or differential diagnosis for you. I'm nervous. I'm like I've got to move with the times. Maybe I've got to give it a go. But I don't think anything like I or anything will ever replace that part of general practice.

00;22;03;19 - 00;22;15;11

Preeya

It's knowing these people in and out and no computer or anything's going to ever pick that up. That's us knowing patients over a long period of time and just being able to put things together.

00;22;15;14 - 00;22;37;00

Cale

Yeah, I totally agree. I mean, I do think there'll be a world where the extraction of this information will be kind of ubiquitous. And so it might not be the interface of a GP. It'll just know all of those facts about you. But I tend to agree it's like it becomes a very transactional world of medicine, which, would present its own problems for sure.

00;22;37;02 - 00;22;52;20

Cale

Let's move through to a phrase that you obviously don't like. The expert influencer, but it is apt. It's very apt because you are both expert in it. You now have people that obviously you influence because they come up on the street and, and thank you for your advice. How did you do it?

00;22;52;22 - 00;23;16;00

Preeya

It took a long time. I would say it was a slow burn. So I literally started a social media platform, Instagram, in 2016. I remember I was pregnant with our daughter and I just read some article. I remember sitting at a cafe in Saint Kilda with Will going "This is suggesting that increasing avocado consumption could cure cancer". And it was just I had seen a lot of this stuff.

00;23;16;00 - 00;23;56;09

Preeya

And then that article for some reason went to me. Now this is ridiculous. We've got to get some more reliable information out there. And so I literally started this Instagram profile at that time called the Wholesome Doctor. I basically used to post to nobody, and over time it grew. I think there was some upticks. You know, if I reflect now, certainly when the pandemic started in 2020 and I started talking about, you know, combating vaccine misinformation and helping people understand Covid vaccination, the role of it, who was more vulnerable, kind of communicating the science in a simplified manner as it developed, like we were watching stuff develop over time.

00;23;56;11 - 00;24;45;00

Preeya

I saw a big uptick then and then really it's from the social media platform that I started going on the news. Like I'd say I started going on the drum. I hosted the two part series of catalyst on ABC, and I did a cooking show for two series with Richard. We had great fun, and then the book deal came and it's really been I know it looks like, well, how did it—It has been a slow burn for me. It has felt like a bit of a slog in the background and it's constant, you know, generating content, keeping the traction, trying to read from the ground in the consulting room what people are kind of talking about and worried about. You know, it's a constant thing, like to think that it just snags guys on its own. Yeah, there's a little bit of that, but it is still a lot of work is the truth. It's a lot of work.

00;24;45;03 - 00;25;31;15

Cale

It's, there's two things come to mind for me here, which is often that there's the, the overnight success, which is ten years in the making, and no one sees those ten years. And I think for people who want to build profile, generally, they, part of the challenge is just sticking with it because it's so easy just to turn it off and go that didn't work. The second part there, what you describe is, is sort of really interesting. Like it requires an inherent passion because it's pretty laborious work. Yeah, creating content and trying to always think about it. You must be underpinned by something that's driving you, like, what is it? What actually drives you? Is it

ego? Is it you want to actually have a public profile to transmit your messages? I'd love to know what really is the fundamental drive for this stuff.

00;25;31;21 - 00;25;50;07

Preeya

That's interesting. I think it would be ignorant to think that there's no. And I've talked about this quite deeply with some friends and Will because I've, I've tried to understand what drives it as well. There has to be an element of ego there. It would be completely ignorant of me to think, you know, I do call her my inner Beyoncé, which is I've always been a public speaker at debate.

00;25;50;07 - 00;26;06;13

Preeya

I come from a family of lawyers. It was assumed I would go and be a barrister like my mother. And, you know, I call her my inner Beyonce. I do love that performative, that communication public speaking thing. And I like being good at it. Like, I think one of my superpowers, when people say to me, what's your superpowers?

00;26;06;13 - 00;26;28;14

Preeya

And one of them, I think, is being able to make complex info digestible, that's something that I can do well. For me, I think a big driver is I'm very much driven by trying to diversify the media landscape. You know, I'm very passionate about there being more people of colour, women of colour, different voices. And I think there's still a huge problem with that.

00;26;28;14 - 00;26;51;27

Preeya

And I think I can only change it by putting myself out there. So that is a huge driver for me. And the other thing is that I think people are sick of the way health information has been delivered. And so I'm passionate about changing the landscape of health communication. And I think I can do it. And I think I am doing it, to be fair, and making it fun and engaging and human.

00;26;51;27 - 00;27;12;06

Preeya

And it doesn't have to be boring. We can get good, solid stuff out there and make it fun for people and engage people. We don't have to be these boring doctors in rooms, and we can be, you know, young, and women of colour and mothers and bring all our nuance to it. So those are the things that drive me, I think, I think it's probably multifactorial.

00;27;12;11 - 00;27;34;01

Cale

Yeah, I love that. Yeah. It's nice to summarise. It's kind of beyond the representation piece. There's the you just want to make it more normal and approachable really, rather than either having a staid 60 year old white dude telling you this science is or some, some crazy off the wall health influencer saying Hey, I've just discovered that magnesium cures cancer.

00;27;34;01 - 00;27;53;11

Cale

You know, like, there's. Yeah, there's a middle ground to that which is being both reputable but approachable. Yeah. No doubt it's sort of changed your relationships. And I want to ask specifically, two, Preeya, has it increased the pressure on you as a GP? And the second one, has it changed your marriage?

00;27;53;13 - 00;28;11;12

Preeya

So at the moment I have intermittently chat books because I work two days a week in general practice and I need to be able to see my regular patients. And so sometimes that's not possible if there are lots of new patients in the books. And so we just try and manage that. And luckily I'm at a clinic where they're very proactive and we work together to do that.

00;28;11;15 - 00;28;31;13

Preeya

Sometimes I do get people who go, "I saw you on catalyst, a new patient, and I think you're the GP who can fix this for me. Or I think from your social media video, you're the one." And I always say to patients off the back, set expectations. You know, I'm no different to any other GP and I might not be able to fix the thing that has been there for ten years.

00;28;31;13 - 00;28;47;19

Preeya

You've seen amazing health professionals in the past. I'm no different to them. I don't have any new solutions. I might be different in my approach or the way I deliver the messaging, but I'm very careful to say I don't have quick fixes and cures, and I'm no better than the other GP sitting in the consulting rooms around me.

00;28;47;22 - 00;29;02;22

Preeya

The patients who know me. No. It hasn't changed anything. If anything, the stuff I do I think is a nudge. Often people go Preeya I made your, you know you chicken like pie thing and I added the extra rainbows. I loved the recipe. The kids loved it. I blitzed it. Like, it's actually become a part of our world.

00;29;02;22 - 00;29;42;10

Preeya

I love the episode, the Happy to Health that you did on this topic. That really was the day when I thought, you know, actually, it's prompted me to think, should I be doing this to act as a somewhat of an adjuvant? And my relationship? No. Interestingly, I've never been asked that before. So Will is not very big in the public eye as you probably noticed from my – he features very rarely. He is my biggest supporter, so he is, Willy is the champion behind the crazy when

I'm on, you know, kind of a bit of centre or should I take this or should I not? Or what do you think? Or I missed out on this and I'm devastated. But it hasn't changed our relationship at all.

00;29;42;10 - 00;29;58;03

Preeya

So Willy and I have been, you know, best friends through med school. He's my you know, we're not getting emotional, but he's, he's my my person, my mum and Willy are my people. You know, I get worried when either of them aren't around. Well, that's when my anxiety starts to creep in. I'm like, oh, my people can't be sick.

00;29;58;04 - 00;30;18;14

Cale

I mean, if I was to put myself in his shoes, it would be difficult seeing your partner, get that vitriol which you've described, you know, and have that really intrude in the family life. So I'm really pleased to hear it hasn't affected the two of you together. But I can see that would be, challenging, particularly as society starts to encroach on the, the family unit.

00;30;18;16 - 00;30;39;12

Cale

Hey, an important part of our show, we do it on every episode is getting some application for listeners. And there's three very specific kind of people that I would love you to give some advice to. The first is parenting advice, and I'd like to always have a subject, parenting advice. Just some great tips for people who work in healthcare.

00;30;39;12 - 00;30;57;20

Cale

Like, often it's a very demanding job. You know, you give a lot to patients if you're a practitioner or a clinician, you're caring for people, and it's often unrewarded in many ways. So do you have any advice to you know, how do you parent well after having a hard day in the clinic?

00;30;57;22 - 00;31;24;06

Preeya

My advice there, which I give myself often, is to strip it all back and look for the really simple stuff that tells you that you're at least nailing parenting. Try. And when you've had a really crappy day there, and it can be really easy to come home and go and prep everything, this is crap. That and then to then focus on the kids and be like, all the stuff's not washed and ready for school.

00;31;24;06 - 00;31;39;03

Preeya

They're not eating anything. They're so fussy. I just go, actually, there's some really key stuff here that tells me that I'm nailing this part and that they're happy, safe, secure, attached kids, and that's a bloody thing.

00;31;39;06 - 00;32;08;21

Cale

Great advice. Now, the second group of people is I'm sure there are people in healthcare. They may be practitioners, clinicians, maybe even academics that have a, a desire to jump on social media and use it as a vehicle to a larger audience, or maybe strike their ego. It doesn't matter what fundamentally drives them. Do you have any sort of words of wisdom now that you've stepped through it for the last, you know, eight odd years of what they should consider in approaching that.

00;32;08;23 - 00;32;33;03

Preeya

I would say do it. We need more qualified health voices on social media. So I'm like, please do anything. Ever want to talk to me? DM me, I'm terrible, but you can email me or DM me, I'll be happy to chat to you, but we do need more qualified people to combat the misinformation. So I would say if you're thinking about it, yeah, like join us, I would to check out things like the app or social media guidelines and scale with them.

00;32;33;03 - 00;32;57;03

Preeya

And I also have the RACGP, which I'm bound by. But there's a reason why I never have my patient photographs or patients included on social media. There's a very clear reason for that. So I would make sure you're all over the guidelines. And number three is if ever, you anything, ever feel to be in your tummy like you asked to collaborate with a brand or somebody or you're doing something.

00;32;57;05 - 00;33;19;15

Preeya

If your gut says no, it's usually right. And so you've got to feel all of that stuff out. And it's taken me a long time to get to a place where I'm very confident saying no to 95% of things, because I just go now. I don't want to change the information on my podcast or in my book, or based on that particular partnership, but that takes time. So go with your gut, listen to it. It's usually right.

00;33;19;20 - 00;33;54;14

Cale

Amazing. And the final set of people is GP, but I think it can be applicable to anyone who is a clinician. This concept of the relationship between the patient and GP or patient and carer, in a world where people are becoming more sophisticated, you've mentioned this technology applications which are going to come through, which will be, you know, helpful in diagnostic and to other issues, how should GPs think about it going forward? What's the best advice you can, you can give to them to make sure that they're still really effective in their role.

00;33;54;17 - 00;34;24;27

Preeya

So I think we need to be really conscious of what our patients are exposed to. I think that if we're sitting in consulting rooms and thinking that we're the sole source of health information for



our patients or the sole influence, that, we're missing a lot. And so I would strongly recommend that anybody who's particularly a GP, but also, you know, any qualified health professional who's talking to patients, I think you need to know what's out there for people, what, what we're kind of up against.

00;34;24;27 - 00;34;46;11

Preeya

Because, you know, when patients are talking about safe cycling to their menstrual cycle, they might not quite let you know that in the consult without you being able to draw it out. Are you doing anything else, perhaps, that I should know about, or are you taking anything else? Or some people in this, in this room have tried these things they might have seen on, on social media is what I say to patients.

00;34;46;13 - 00;35;05;20

Preeya

And then people feel comfortable going, "Yeah, I had actually, I had decided to come off the pill and I was going to use this particular fertility awareness method that I'd heard about on social media." And I think in order to do the best job in the consulting room, we need to be eye open minded, be aware and say not dismissive.

00;35;05;22 - 00;35;37;21

Preeya

And so, you know, that can be really hard to do, particularly when we know when you go, you know, taking a step back and going, where did you hear that from? Would you like to have a discussion about it? But being not dismissive to patients, because I think that alienates people very quickly. And we're living in a world where people are getting health information or misinformation, whatever it is, from lots of different places, and we really want to be the evidence based but supportive and open minded person to them, not dismissive.

00;35;37;27 - 00;35;54;08

Cale

That's a, I mean, it's an amazing thing because I'm only coming from it from a person who goes to a GP. It's, you know, this idea of not losing curiosity because I think it would be very difficult when you see so many different patients every day, and it's easy to quickly stereotype and work through from a lens of efficiency.

00;35;54;08 - 00;36;14;20

Cale

And so it's not from a bad place. It's just, you know, let's get to the point here. And I've experienced that personally. So I love the concept of, you know, it may not even be you're being dismissive. Yeah. Openly. It just comes across as being dismissive because you're trying to get to the answer quickly and not letting people or not getting breadcrumbing them to that point by understanding sort of where they're coming from, basically.

00;36;14;20 - 00;36;27;19

Cale

So that's, that's really interesting. We've got three more questions. You've been so generous with your time. You've got a lot going on. I'm interested. What gets you out of bed in the morning? What are you most excited about? As a general rule.

00;36;27;22 - 00;36;42;12

Preeya

What am I most excited about? What? Quite like coming out of the room? And Willy's there making coffee and the kids there at the breakfast bar and we're having a bit of a chat in the day. I don't know, I'm just, you know, excited to kind of, you know, every day something looks quite different. I think I've got a wonderful variety.

00;36;42;12 - 00;37;01;02

Preeya

So there's, you know, the consulting days, there's days when I'm off and doing, filming with someone or, you know, in the studio doing the podcast. I think the variety and the change in what's today going to hold and just the actual fact that there's so much on the plate and the kids got to get to school and piano and phonics for someone who doesn't know whatever's happening.

00;37;01;04 - 00;37;19;05

Preeya

I think that's like, you got to get that. Otherwise you [will be] stuffed and the kids get stuffed. So I think there's multiple things there, but, you know, I do quite like that moment in the morning when the kids are emptying the dishwasher and Willy and I across the breakfast bar talking to them with the coffee. We just go, oh, you know, it can be a slow place.

00;37;19;05 - 00;37;23;25

Preeya

Don't get me wrong, that's not every morning. But, you know, today, for instance, that was a nice moment for me. Yeah.

00;37;23;25 - 00;37;47;13

Cale

I'm just imagining every morning Preeya, just swanning around in your beautiful kitchen, just sipping a coffee and everything's perfect. I'm sure that happens every day. Of course. Of course. Yeah, exactly. Yeah. Of course. That's what every young family looks like. So let's project many years forward. Preeya is writing her own eulogy. What are you writing? How do you want to be remembered after the life you said and done?

00;37;47;15 - 00;38;15;27

Preeya

Oh, mate. How do I want to be remembered? I want to be remembered as a generous, loyal mother. Really. I want my kids to be able to go “My mum was always there for us and generous with her time and her energy and her, you know, advice.” Whatever it is, that, that is really important to me and I'd hope that Will would say similar, you know, generous with warmth and time and love and loyal.

00;38;15;29 - 00;38;38;16

Preeya

I would hope that the key people in my life, which I'm very honest about, that, you know, like there's no more than ten people that I really give a crap about what they think about me. I hope they would all think that I'm a decent human who's been there for them during tough times, and I'm terrible at some things, like remembering birthdays, but I hope they know that I'm like there for them, through the thick and thin and the good and the bad and the ugly.

00;38;38;18 - 00;38;58;04

Preeya

And I hope that I'm remembered as having a crack at, you know, changing health communication a little bit in Australia, diversifying it slightly, maybe adding my own little flair to health communication. I hope I'm knowing that having a guy having a go at it and how effective I've been, you know, who knows? But at least she had a crack. She did something a bit different.

00;38;58;05 - 00;39;26;09

Cale

Beautiful. Well, are you well on your way so that you can take some confidence in that. I find it really interesting when asking that question to people is the most accomplished people you know, like yourself, who know when it's all said and done? It actually often filters down to the key relationships in their life, and they're the things that matter versus like the grandiose achievements that you can do professionally or otherwise. They really sort of do synthesise down to, I'm not going to be, I don't want to necessarily be remembered for that as much as being a good human.

00;39;26;09 - 00;39;50;24

Preeya

No, I don't want someone to write out my accolades or the books I've written. Do you know, at my eulogy, like I'd want them to go “Here's some funny stories about mama when she was there for me in a dark time. And I remember being outside with her in the vegie patch and us crying over picking carrots” or whatever it is. I'm having a giggle. That would mean much more to me. Then please don't read the names of my books and all that stuff, which is important, but not me.

00;39;50;25 - 00;40;18;09

Cale

Good to know this will be a relic somewhere that you know, touchwood, in 60 years time your kids can go. Remember, no books. We don't. We don't do accolades . Final question. The show

is called Grin + Bare It because it's often been a piece of advice given to people who are facing adversity, which is just get on with it. Right. If you were to think about it, what is a single piece of advice that you'll give to people listening who may be experiencing a particularly challenging time.

00;40;18;12 - 00;40;54;28

Preeya

That everything is finite. There is light at the end of the tunnel always, and I say that to patients. You've just got to get through the tunnel, that, find people who can get you through to the light. Trust in people. Be that a partner, a parent, a sibling, a friend, a colleague, a mentor. Lean on people. And number three, never forget the simple stuff works, it is evidence behind the simple stuff like eating rainbows, moving your body, getting enough sleep, reducing caffeine, alcohol, you know it's good for the body and the brain and into mulch this time it's even more important and it's like just fall back on the simple pillars, the basic stuff that makes a difference.

00;40;55;00 - 00;41;12;19

Cale

Words to live by. Preeya, you've been really generous with your time. The advice you've given has been exceptional. I'm personally really excited to see you achieve a lot of the missions that you set out to do with both your social media and just, you know, public, aside from your journey within medicine. Thank you for joining the episode.

00;41;12;22 - 00;41;20;22

Preeya

Thank you so much for having me. Really great chat. Thank you.

00;41;20;25 - 00;41;50;27

Cale

Thank you so much for listening to this week's episode. Hope you enjoyed it. As always, I would love your feedback, questions, or any suggestions that you have for someone that I should be speaking to next as our guest. You can find me on LinkedIn, or you can find the Grin + Bare It podcast on TikTok and Instagram. The best way to support this show, if you did like it, is leave your feedback, subscribe wherever you get your podcasts, or simply share it with your friends and colleagues.

00;41;50;29 - 00;41;54;18

Cale

Thank you so much again. See you next time on Grin + Bare It.