Nerve – Introduction

[00:00] [music]

Leigh Hatcher: [00:06] Hello, and welcome to the first of our Nerve podcasts. They're all about our brains and especially hope beyond brain disease. I'm Leigh Hatcher.

[00:15] I'll be speaking with a wide range of specialists and patients from Sydney Cognitive, an Australian neurology practice working towards comprehensive and contemporary care in cognitive disorders.

[00:27] First up, the specialist behind the whole idea of Nerve, Dr. Rowena Mobbs. Rowena is a neurologist with Sydney Cognitive and St. Vincent's Clinic.

[00:39] I think some of today's best podcasts bear a name that tells us what it's about, but also, arouses our curiosity. Why Nerve?

Dr Rowena Mobbs: [00:47] Nerve is a fairly striking name, I would hope it would be. People don't know immediately what that means. Of course, if I speak neurologically, first of all, nerves are not only those things that connect our arms and legs, but they are within our brain and our spinal cord.

[01:03] Neurons are nerve and connections between them, are part of the nerve, the whole nervous system as we would say. I'm particularly interested, as a neurologist, in the central nervous system, and cognition is my particular area of interest.

[01:18] I wanted something that would grip people, but also as far as a need for this podcast. There are some podcasts in neurology, certainly around the world, but I wanted something particularly that was Australian-focused. Tailored to our own cultural experience and our disease experience within the community.

[01:35] Just some tales and stories around that that would really hopefully help patients because, after all, that's why we're here as doctors.

Leigh: [01:43] Patients with, as you put, "Nerves of steel."

Rowena: [01:46] Oh, yes, indeed. When I tell people I'm a neurologist at parties, there's a bit of a groan first of all.

[01:53] [laughter]

Rowena: [01:54] Then they think I'm a neurosurgeon. I say, "No, that's not the case. I can't do that." Yeah, nerves of steel, because in neurology, we do have very serious, often terminal illnesses, to deal with and grapple with.

[02:05] Often, it's harder for us than the patients and, similarly, for the families rather than patients. I'm astounded on a daily basis, in fact, at the courage that people show

through their illnesses. That really, they show and they prove that we all only have today, this moment. It's a very philosophical way to approach life.

Leigh: [02:25] Very wise.

Rowena: [02:25] It's very wise, but a three-year-old, is no different to a 93-year-old in that respect. We need to focus very much on the quality of life, rather than quantity of life and medicine.

Leigh: [02:37] Critical question to sort out with any media, including our podcast, is to work out who the audience is. What would you say about that?

Rowena: [02:45] Our audience are humans.

Leigh: [02:48] Good start.

Rowena: [02:48] This will be a very human podcast series. It is meant to be relatable. We have shared experiences. Also, I would hope that patients could convey their own new experiences through the lens of neurological illness.

[03:06] Many of us are fascinated by the brain. Pop neuroscience is certainly there in the bookshops. I think we have that interest mainly because neurology is really linked in with who we are as people. The brain is who we are in many ways and how we relate to one another.

[03:24] I would hope people are really interested in that and taken on board, not just patients, but the general community. Not just neurologists here, but GPs, other specialists. I think this is an all-round, interesting topic.

Leigh: [03:38] It's probably important to at the outset define what neurology is. It might sound like a silly question to you.

Rowena: [03:46] Not at all.

Leigh: [03:47] Yeah, I think it's an important one.

Rowena: [03:48] Indeed. Neurologists sit somewhere perhaps between a neurosurgeon and a psychiatrist. Often, when you're going through medical school, you might have an interest in all three. A neurosurgeon will typically be able to treat people with brain tumours, for example, or aneurysms which are abnormal blood vessels.

[04:05] Neurologists can typically give medication and also assist with diagnosis of conditions. These are conditions that may not be treatable by surgery, things like neuropathies, which is a disease of the nerve, things like stroke, which don't always have surgery involved.

[04:22] Other conditions like epilepsy, things like encephalitis, which is a brain inflammation disorder, and then of course, my particular area of interest is dementia, all of those conditions have tied in them a disease of the mind and the person in a way.

Leigh: [04:38] Seeing this is to be a podcast series that is human and personal, let me ask you, what got you into this in the first place?

Rowena: [04:46] Into both neurology and the podcast -- with neurology, when I was nine, I discovered a book on the brain. It was a 3-D book. We didn't have the Internet, 3-D TV screens, or anything like that. It was just a flip book, and I could see layer upon layer that went into this complex structure of the brain.

[05:08] It's always fascinating. You can always learn more and more about the brain every time you look at the literature, so I was fascinated by that. At that same age of about nine, I loved Lucky Dips and that idea of variety. You can dip in and you don't know what you get. I think neurology's just like that.

[05:26] Again, on a daily basis, every patient's so different. They're an individual, they're a person and their family structure is different. Their occupational structure and their whole life experience that goes into the mix before they get diagnosed with the condition. I love that about neurology.

[05:42] I think that's why I wanted to do this podcast to convey that every patient has a story to tell, and they're fascinating stories, and we should support people in that, and also that we can help as community members.

Leigh: [05:55] You hinted at this question just in. "How much do we know or understand about the brain compared to what we don't know or understand?"

Rowena: [06:05] Yes. Sometimes we think we know a lot about the brain, Leigh. If you look at the hundreds of thousands of scientific articles -- and they are very good and often very true science -- we learn little piece by little piece, but there are hundreds of thousands more pieces to learn.

[06:23] Relatively, we still know very little about the brain. It's 2018, we've really been doing this well for less than a century in many neurological disorders and although we've known about them, [laughs] they've been in the community of course, for longer.

[06:37] I would hope that this is the century of the brain. We are now seeing the technology come through to really try and understand conditions more that will improve no end in my career. I often say to patients with brain disorders, "We would hope to really understand your condition across my career in my lifetime."

[06:57] Treatment is another thing and unfortunately, even for myself, I doubt that many of these conditions will be directly curable or treatable, but perhaps over the next few hundred years, we'll get there

Leigh: [07:08] Certainly, a lot of advances.

Rowena: [07:10] Yes.

Leigh: [07:10] That's so many levels to do with the brain.

Rowena: [07:12] Indeed. What we would recognise now is it's so much about the function, not just the structure of the brain. We're getting in there on the molecular level, the genetic level and trying to put those pieces of the puzzle together to make the world's biggest jigsaw. [laughs]

Leigh: [07:27] It's great way of putting it. Let me dig deeper. This has become very personal for you over the past few years, with a mom who's living with dementia. What's that been like for you to wear two hats, the daughter and the neurologist?

Rowena: [07:43] It's been very difficult in some ways, and very enlightening. I have an absolute genuine fundamental respect for patients out of that. When I entered medical school, I was a naïve little 17-year-old who didn't know anything about the world. I had not been to a funeral till I was 29.

[08:03] Over time, we have that life experience and I hope to carry that into my practice. I was fascinated by dementia well before my mother got it. Even though I had that knowledge to work with, I think I and my family would admit that we handled it poorly.

[08:23] Partly because perhaps there are factors of denial or not knowing what to do on a practical level, again part of the idea around this podcast. Also, the community services are rapidly changing and I think back then we perhaps didn't have as good community services and knowledge of how to help these people with dementia.

[08:42] What we first noticed was she couldn't recall that short term memory -- where are the coffee cups -- and then it became worse. She would put the washing powder in the coffee and mix. [laughs] That wasn't such a good idea.

[08:53] Then over time, she's gotten worse and now falling. We really want to try and help her in all the ways that we can. Not just with medication, which is often unfortunately rather ineffective at times.

[09:06] It's confronting in many ways to have a mother with dementia and see patients with dementia all day, but I'm an optimist by heart. That does carry me through. I try to carry that care and concern that I have with my own mother to my patients, and vice versa.

[09:25] If I learn something during my day-to-day, I try to try to help my mom and my family in different ways. I think as a doctor you're honoured to be in that position. It's a privilege to be able to try to help people at least.

Leigh: [09:42] Optimist and a realist?

Rowena: [09:43] Yes, always, because it's no good us being over optimistic and not really conveying to people the truth of their illnesses because people need to make decisions, first of all...

Leigh: [09:57] Truth's critical.

Rowena: [09:58] truth's critical and an ideal in the adult world where people can most often face up to difficult questions and decisions. If I don't respect that gently, and with compassion and empathy, I don't just tell them "Oh, you've got dementia. Off you go." We need to deal with it and be there in support of them.

[10:19] If I had dementia, I would want to know so that I could go to Antarctica, or swim with sharks, or sort out my family finances. Whatever I needed to do, and I think that's a basic respect that in other conditions maybe we've done that better such as cancer, for example.

[10:36] Why do we assume that someone with partial memory loss can't make all their decisions? I think that's inaccurate.

Leigh: [10:43] Give us a taste of what's to come in our podcast? What's the range of conditions, issues, challenges that we're going to be talking about in the podcast to come?

Rowena: [10:52] Again, Leigh, we're going to span all of humanity. [laughs] We're going to focus mainly on the brain, again, I think that's my sort of genuine experience that I can help convey alongside this clinic at Sydney Cognitive.

[11:07] Also, for that breath of experience, I see people of all age ranges, we have a whole range of occupation right up to the CEO kind of level, the Order of Australia level, who are dealing with these conditions.

[11:19] Also, people who are married and have relationships, or have difficult circumstances that they need to get through in relationships, or making big financial decisions, or travel plans, selling houses etc., all of the normal stuff that goes with life, and they have neurological conditions. Life does not stop just because you get a diagnosis.

Leigh: [11:41] That's why this is called Hope Beyond Brain Disease.

Rowena: [11:44] That's right. There is hope. People can smile. You can smile with a disease, you can enjoy things in different ways with a disease. We're trying to show people those different ways and a way for them to have inspiration in life.

Leigh: [12:01] That's a great outlook, Rowena. I want you to tell me some of the rewards of neurology, some of the frustrations you find.

Rowena: [12:07] Yes. The reward is with every patient, first of all. I might not be able to really help them or get them past a disease, I can help the symptoms off of them. That's really rewarding. It's rewarding, as I alluded to, to see their courage.

[12:25] Neurology is a very rewarding field. As such, I think most neurologists would agree with me on there. Recently, there's been some focus on a condition called Functional Neurological Disorder. This might have been the old “hysteria” but this is a very real condition.

[12:46] Treating these people can be extremely rewarding, whereas in the past, doctors might not have been so engaged. It holds true for all neurological conditions. We can gain inspiration from our patients, that's rewarding, we can try to help symptoms, that's rewarding and if we can cure even better of course.

[13:05] The frustration can occur where the patient can be in a difficult circumstance in life, socially, and sort of helping them through that, I may not be able to solve those things for them. There can be frustration in terms of their diagnosis often.

[13:22] Neurology is often a field, and brain disease is a field of uncertainty. We need to see a patient over time, we may not have the answer straight away. Of course, there's frustration in that many of these conditions are just severe and they can impact that person greatly. I wish we could do better.

[13:38] Intensive dementia, it's kind of good that people are getting there as far as their heart disease and other conditions are managed, but endlessly frustrating that we can't cure them.

Leigh: [13:49] You mentioned earlier the nerves of steel of your patients. In our podcast, we're going to be actually hearing many of their stories from them first hand. For now, can you tell us the story of one particular patient, or a couple, who epitomize those nerves of steel?

Rowena: [14:05] Yes. In fact, yesterday, Leigh. [laughs]

Leigh: [14:08] Oh really? I'm sure daily.

Rowena: [14:10] Oh, it's daily. I was quite taken aback. I had a patient who I thought was severely impacted by their dementia already in my clinic, and had remained quite quiet for much of the consultation.

[14:25] Then they come out with, "Well, so I've got dementia, I need to know more." There was this sudden insight and I said, "Ah, OK." Certainly, and I explained all about dementia which is this big umbrella term for lots of different types of dementia -- Alzheimer's being the most common let's say, affecting their thinking -- explained all the signs and so on. Then he said, "I need you to be honest."

Leigh: [14:48] This is the truth thing again?

Rowena: [14:51] This is the truth thing again. I think Doctors are more afraid sometimes to discuss a diagnosis than the patients are. We always have to try to probe a little bit, see how ready they are to talk, and be honest where we asked to be honest.

Leigh: [15:04] Why did he want the truth?

Rowena: [15:06] He had family to look after. He had children and grandchildren to look after. That's really honourable, isn't it? Very sacrificial and honourable. He wanted to make sure that his life was organised in quick fashion.

Leigh: [15:19] Because he could, as with many, be in denial about this.

Rowena: [15:22] Oh, yes. He could, but I think denial does occur with all illness, but also sometimes incapacity, lack of insight into a condition. The insight is not just a solid thing, the insight of a person can vary.

[15:39] Say with my mother, this is what I can gain from her experience, our experience is that at times she would be more lucid than others and I was able to understand. It's important to grab those times of insight and then discuss in an open and honest way if you can, I think.

Leigh: [15:55] Can I wrap up by asking you this, any good doctor will tell you their work is not about them, and I know your one of them.

[16:01] [laughter]

Leigh: [16:01] What do you get out of this work, Rowena Mobbs?

Rowena: [16:05] I get many things. I get a sense of joy, really, and I say that with hesitation. The 1950s, sort of medical school training would tell you, you cannot be passionate, you must be dispassionate with patients and remain formal at all times.

[16:24] That's fine that's got a role. Certainly, I don't want to express an excitement or joy in terms of being in front of a patient and giving them these really terrible diagnoses. If I wasn't passionate, if I didn't love what I do, I'd be in the wrong job, wouldn't I?

Leigh: [16:41] Yeah.

Rowena: [16:41] I wouldn't be as good a Doctor. I do really have a passion for the brain and neurology. It's a whole universe in and of itself and God knows I certainly couldn't do astronomy or the real universe stuff.

[16:52] [laughter]

Rowena: [16:53] I may as well do neurology. I think I've got the best job in the world and that's really the answer, [laughs] that all of us should be giving.

[17:02] [background music]

Leigh: [17:02] What a great conversation to kick off what will be a great series of podcast. Rowena, thank you so much. Look forward to many more conversations like this.

Rowena: [17:10] Thank you very much, Leigh.

Leigh: [17:11] Thanks for joining us on this introductory nerve podcast -- Hope Beyond Brain Disease. I'm Leigh Hatcher. There's a whole host of information and resources at www.sydcog.com.au.

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