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Introducing Jane Beddall 00:51

As CEO of our health we manage, we lead, we decide, we learn. In the role of CEO, or as team members for others, we engage in many difficult conversations. These difficult conversations often include sharing information, tracking plans, activities, and symptoms, making decisions, managing circumstances, and adjusting to personalities. We don’t understand. We’re overwhelmed. We can’t decide. Emotions get the best of us. We have trouble listening or caring. The opportunity for conflict between any of our health team seems endless. Almost a year ago I met fellow podcaster, Jane Beddall. Jane is a veteran attorney, certified conflict coach, mediator, and facilitator. She established Dovetail Resolutions in New Haven, CT in 2006. Her focus is on nurturing relationships, not ending them. In her podcast, Crafting Solutions to Conflict, she explores day-to-day conflict resolution. In the audio you’ll hear me misnaming the podcast at first. Jane gently and seamlessly corrects me. Jane is so positive about conflict! My kind of approach. Here’s my conversation with Jane Beddall.

**Health Hats:** Jane, thank you so much for joining me. I've been following you since we took the Seth Godin/Alex DePalma Podcasting Fellowship together. You have the Crafting Solutions to Conflict podcast. Jane, I don't think very much about conflict when I'm listening to your podcast. I'm hearing you talk about preventing conflict. I hear you talk about learning decision-making skills. I hear you considering scenarios when there's an imbalance in power dynamics, when there are age differences, and when there are the readiness-to-work-together differences. It's only tangentially about conflict. I know you're an attorney and a mediator, and this is your point of view. Maybe because I'm in healthcare, I think this just so sounds like healthcare decision-making. I think more about the relationship and the decision-making part than the conflict. The reason I wanted to talk to you about that, talk to you specifically, is because there's something that we, who live in the world of how people make medical choices, can learn from your work in Conflict Management and Mediation. Am I making sense?

Conflict: Let’s figure it out. 04:40

**Jane Beddall:** You are. So, first, I'm so glad that you're listening to Crafting Solutions to Conflict. I have to say, as we were going through the Podcasting Fellowship, it was so helpful to me to interact with people who could say, "mmm, close, but not quite" and help me think about what I wanted to do. And so the

idea to me of 'crafting solutions' is different from 'let's resolve conflicts.' It's some of it, but it's not all of it. I think I agree with you completely. I am less interested in "okay, everything's a mess, and now we had to figure out how to fix it." When I think about and talk about conflict in its greatest sense, there are different types. There's good conflict, there's bad conflict, and then there's ugly.

**Health Hats:** Give me an example.

**Jane Beddall:** Good conflict, to my way of thinking, is the creative and collaborative type. For example, in a healthcare situation, let's say someone is facing a situation where I need to make some choices about my treatment options, and I'm being told well there's this, and then there's this other thing. And maybe the creative and collaborative way to look at this is it's not either / or. Maybe I need to be looking at both of these options together. Maybe I need to be having a conversation with the potential medical providers. I say 'potential' because I'm still going to decide what works for me. Talking with them about, "well, this aspect of it doesn't sing to me. Is there some way we can address that." That to me is creative, good conflict.

**Health Hats:** I can think of toxic conflict. I don't know why I'm just sort of allergic to calling it conflict.

**Jane Beddall:** You're in very good company, Danny. People hate the word. They won't use the word. They say they want to deal with it, and then if you use the word, they run away. No, that's normal. That's so typical.

Decision-making on my terms 06:54

**Health Hats:** Let's go back to there are choices in front of me, and I'm trying to make those choices. And I need to make the choices with somebody else. So, in this case, it's clinicians, but it could be my partner. It could be my boss. It could be an employee. It could be so many – a vendor, merchants - who knows? It could be all sorts of things. But the choices are about me. There are times when I am so clear about what I want. For example, and I say this a lot, "I don't want to do anything that's going to mess with my pathological optimism. That's important to me. And I don't want to be depressed. I enjoy life, and I want to keep enjoying life. I'm pretty clear on that, and so decisions might be how is this going to affect my mood? As opposed to, "Do this. It's the right thing to do." And then I don't know if I can afford it; if it's going to affect my mood; if it's going to interfere with playing my saxophone, hanging out with my grandkids - the things that are important to me. Then there are times where I'm exhausted, or I feel like crap and so making choices is that much more difficult. Especially if I don't already trust the person. That seems to be the elephant in the room in terms of making decisions - trust.

**Jane Beddall:** One of them I'd say.

**Health Hats:** And so what's another one?

**Jane Beddall:** Well, I think maybe it's not elephants as much as... You hit on a couple of different really important things. One is setting ourselves up as much as we can. Of course, it's not always possible to be at our best when we have to make a decision. Maybe I'm being pressured to make a decision on Thursday about a treatment option about what we're doing next. I am not in a good place to be making decisions on Thursday. And maybe it's better to have a conversation with the person who's pushing me. Saying, "this is important to me. I want to do my best." Perfect? Beyond us all. "I want to make this decision on Friday. Today's not a good day for this."

**Health Hats:** How many decisions are real emergencies? That's a really good point. Thinking first if you're not ready to make a decision, admit that you're not ready. For me, sometimes I think I gotta have my wife here. Because I'm never going to be ready. I'm not going to be ready until we make a decision and do something. But you know, so it's a chicken and egg thing. My way out of that is, "I need Ann to be here. I trust her."

**Jane Beddall:** Well, sometimes the very presence of that person. And in the world of once things are in conflict, outside of more typical legal affairs that kind of thing. There will sometimes be a conversation about who is in the room? Who seems to be a decision-maker? Maybe not everyone who matters is at the table in the room. People are there who can't make a decision or are going to make a lousy one unless they go speak to someone else and sometimes it's quite literally shareholders. They have an ownership interest versus stakeholders: the person who is going to have an important role in the life of the person who's making that decision. So, it's sensible to say. The other thing I think you hit on is, "Is it my emergency or is it someone else's emergency?" Is it someone else saying, "oh, I want to get this decided today. Why are you dragging your feet?" Well, because it's my health care. It's my life we're talking about here. So that's one of the things that you hit upon. I think you hit on another one which is things evolve. That's life - things change and making decisions that come across as - this is it forever. No more saying, "We make decisions one way, and we can never revisit it." That's tough.

**Health Hats:** Those decisions are quite rare.

**Jane Beddall:** Yes. We should remember that. Sometimes we avoid making the decision if we overemphasize how permanent it is.

**Health Hats:** Say that again.

**Jane Beddall:** We can overemphasize how important the decision seems to be because we overemphasize its permanency. Maybe we're going to try this approach. Certainly, in the healthcare world, the fact that this is the response that many, many people have to this treatment doesn't guarantee that's me.

**Health Hats:** Totally. I preached that all the time. Yes. It's an experiment, and it's likely to work for me, but it doesn't mean it will.

**Jane Beddall:** Then it's an opportunity to say, "well, let's see how this works on this actual body and human that we're talking about - me." I think it's also very useful to stay away, generally, in thinking about decision making from the black and white decisions. There's a lot of room in the middle. So often, of well, let's try most of it. Let's try it for now. Let's see if we can modify it a little bit to work better for me. And stay away from the absolutes, the ultimatums, the take it or leave it. Those invite trouble.

**Health Hats:** I think what goes along with what you said is, what is it going to take to carry out the decision once it's made? Is it a habit change? Is it a one-time thing? Is it going to cost money? Will I need transportation. Who's going to take care of the kids? Who's going to take care of my mom? in a way it isn't just the decision. It's the whole process.

**Jane Beddall:** It's implementing. And I think you hit on one important thing which is so often we think in terms of the financial cost of something. And that's a piece. But it's not the whole. It can be thoroughly

affordable, and someone could say, "oh, no problem, your insurance will cover it." Well, okay, that's all right, but if it means that every other aspect of my life goes backward, it's not such a great thing.

And now a quick break to hear about our sponsor, Abridge. I see many clinicians on a regular basis, way too many. I'm appalled at how little I can remember when I get home. My wife asks, what did she say? What about this medication or that test? I'm happy to remember half of it. To help me remember everything, I downloaded a new smartphone app called Abridge.

Now, when I go to the doctor, I ask if it's okay to record our conversation. Nobody has said no yet. I push a big pink button to record, and after I'm done, the transcript from our audio appears -- not the whole thing that's too much, but sections around medical keywords like fatigue, pain, tests, exercise meds. Now when I'm done, I can share my visit with my wife, and she can listen to exactly what the doctor said. Abridge was created by patients, doctors, and caregivers. Check out the app at [abridge.com](http://abridge.com) -- [a b r i d g e .com](http://abridge.com) or download it on the Apple App Store or Google Play Store. Record your health care conversations. Let me know how it went!

I'm the decider. Or am I? 16:06

**Health Hats:** So many things go through my mind as we're talking. There are people like me who - I am the decider. I'm clear that I'm the decider. That dictates how the crafting solutions go, because I know it's up to me. But I think when it comes to health care that's rare.

**Jane Beddall:** And not only that, but you're someone who is well equipped to make those decisions. This is the easiest scenario. I think every other one is harder.

**Health Hats:** Meaning either I don't have the confidence to do it. I don't know that I can do it, that it's allowed? I've never thought about it before. So, those are even harder because in a way then you're not trying to craft a solution. And so it's a setup for a conflict to occur

**Jane Beddall:** Or you need an advocate or more than one advocate. We're all different. And some of us struggle to even think about our own medical decisions. Those folks need a lot of support. Of course, younger people are moving along that continuum of: 'I am an infant, and my parents are making decisions for me,' to wait a minute, I'm getting a little older. I'm getting a little older to the point of - Why can't I make the decision all on my own?' For my parents at the other end of the age spectrum: 'Maybe my judgment is not as good as it once was. Maybe my eyesight is not as good as it once was and then someone hands me something to look at to understand my options. But I can't see it very well, or they want to explain it to me in spoken words. My hearing is not that good. Maybe it's never been that good. And that's a really tough way for me to learn.'

**Health Hats:** Or 'I don't learn through my ears, I learn through my eyes, or I learned through taste or whatever. I'm better with other senses. I need to touch it.'

Resting on a bed of trust 18:20

**Jane Beddall:** You mentioned trust before. It's very important if I am struggling to process the data to make my best decision. I want to be able to say that, and not feel ridiculed and not feel that this will compromise the power of my decision-making. If I say, I don't understand what you just said. And I have experienced that in the past when I was the advocate, not the person who was needing the care. And

when I said to this physician who had spoken to me in the worst jargon, "I don't understand what you said." This person said exactly the same words, louder.

**Health Hats:** I love it.

**Jane Beddall:** I was not happy. I heard you. I was angry. Sadly, there had been ongoing consultations with this person and the patient, and I was there as the advocate. I was also frustrated that this person knew that I spoke English as a first language, knew that my hearing was fine, knew that my eyesight was fine, my physical strength was fine, my judgment was fine. What about someone who doesn't have the benefit of all of that? What did this physician say to those folks? Infuriating.

**Health Hats:** The thing that goes along with trust and being the CEO is that I don't make that many decisions. I trust my team. That was true when I was a boss, and as a patient, I realized that I might ask questions, but I trust my medical team. I'm just as happy for them to make the decisions and tell me what to do. Because I can't handle them all and it's such a relief not to have to worry about it. It's not like I'm putting in a new kitchen and I've got to make decisions about the knobs, the hinges and everything. I can just let them say, "I recommend this and that." Okay. Okay. It's just so much easier for me. But I couldn't do that if I didn't trust them. I just couldn't. It's so complicated.

Jane, when you think about people learning to craft solutions before they're in the middle of it and they have an emergency. So, you're an attorney, a mediator. People came to you when they were past a point. If I were you I would be thinking, "I wish they were more prepared for this. I wish they had this skill. I wish they had that skill." What could they learn when they were children? What could they have learned earlier? How do people become ready to want to learn these things? Does it take a disaster? Does it take a devastating conflict to think, "okay for the next time I'm going to need to learn blah blah blah?" In your work do you think about the skills that might be good for people to learn before they get to you?

[Learn about crafting solutions before conflict 22:26](#)

**Jane Beddall:** Sure, great question, Danny. Certainly, the evolution of my professional work has been significant and also the recognition that I wanted the podcast to be broader than my professional work that I wanted to talk about so- my very specific tips of think about this. Four minutes of me talking about a topic, people say, "I can think about that. I can do that." Sadly, in my professional life, people usually don't contact me until things are not good. Maybe not devastating, but they're not good, and they know enough, or they find out enough from the company website, LinkedIn profile, etc. that I'm not there to help them end relationships. I don't do divorcing couples. I've never done that. Don't practice law anymore either. Still admitted [to the bar]. Just don't do it. The continuing evolution for me is that around the same time we were learning how to host and produce podcasts, I started to learn how to be a conflict management coach.

**Health Hats:** Coach. Say more about that.

**Jane Beddall:** Just to your point of how I get better at this? My practice has people who have challenges. Some are sent by bosses. For others, it's a family issue. Sometimes it's a little of both - it's a family business. But it tends to be situations where someone recognizes, "this is not working." My approach is a particular model called the Cinergy model. Each stage is very specific. It's not a little wander around the neighborhood thing. It's really let's do this, this, this, and this and trust the process. It is very powerful.

The idea is understanding ourselves a little better and understanding the person that we're in this conflict with. It's usually someone we know. What I love about this model is the client working with a coach, gets to play all the roles - the two people in the conflict. It's me recognizing that "Okay, Jane, you know what will happen if you use these words when you talk to Danny. He's going to get his back up for sure. Maybe I need to practice getting my point across without saying things that drive someone else nuts every single time." Similarly, I know what my hot buttons are and if someone says that to me, my immediate reaction is not a measured response, but my right off the hip, "oh how dare you?" will start. And then actually practicing, how can I get my point across in a more productive way. And how can I listen to what someone is saying to me without overreacting to certain things that people say?

**Health Hats:** Could we extrapolate this to virtual doctor office visits with scenarios and you take different roles?

**Jane Beddall:** Really interesting idea.

**Health Hats:** I used to work with some people who were into virtual education. They did work on making end-of-life decisions. They were focused more on the clinician. But while I was working with them, I thought this is for everybody because their clinicians are not making these decisions for themselves. They're working with somebody else. And so that's somebody else could benefit from practicing.

**Jane Beddall:** Absolutely. I think practice is a big piece. Let me ask if you've run into or come across a woman named, Dawn Gross from California? I met her two weeks ago at a conference. She is a physician. She used to do transplant work. And so certainly it was around many people dying. She has a real interest, and I think maybe no longer has but had a radio show about death and dying. Now she's involved in a company where they are working on helping people and training physicians to be better about having conversations about the end of life what people choose to experience there. But to your point of practicing and anticipating. Even without a fancy almost anything. I have suggested to people on an informal level: those of us who drive now have the good fortune of everyone else on the road thinks that we have our phone turned on. So if we're talking to ourselves in the car, they don't think we're crazy. I have recommended if you see a difficult conversation coming, you can practice saying the things you want to say. So the difficult words roll off your tongue. Or you can try them and say, "I can't say that that's not me. That's not the way I talk."

**Health Hats:** That's a solution for people who want to be better at something rather than people who don't know that they don't know.

**Jane Beddall:** True. That's the hard one.

Don't know what we don't know 28:16

**Health Hats:** That is the hard one. It's really a hard one. All I've been able to come up with about people who don't know what they don't know is to plant seeds. I did this interview with an advocate who's a heart surgery, multiple sclerosis advocate, Teresa Wright Johnson. We were talking about planting seeds. In her advocacy work, she sees that somebody's not ready; she feels what she can do is plant a seed and be available when it sprouts.

**Jane Beddall:** That makes sense.

**Health Hats:** I don't know that there's anything else.

**Jane Beddall:** I think the other thing is a mindset if we can encourage people, and sometimes it's even modeling. It is possible to have conversations and discussions without shooting the other person down, without rejecting what they have to say, without being defensive. I can respect what that person is saying to me and value the expertise. I should also be able to have a conversation about that. I will share with you that one of my husband's surgeons - he's had several orthopedic issues. One in particular who is just terrific in so many different ways, it's hard to keep track. One of the things that he does is when he speaks to me after surgery and explains what's happened, what to expect, what he saw when he got in there. He pauses, and he waits, and he's not afraid of the silence while the hamster is running on its wheel inside my head while I'm trying to think. I wish we could all do that. Even to appreciate those who do and thank them for it and sometimes asking for it. "I need a moment to digest that. Could I have a moment before you walk away? Let me think for a moment to see if I have another question for you." Which can feel a little assertive sometimes but it could be said politely. It's not that much to ask. Can I have a few seconds to think through what you just said to me? Did I understand what you have told me? For either decision right now or decision coming. Or just the context of what's happening.

See the show notes or my website [www.health-hats.com](http://www.health-hats.com) and click on blog/podcast for more information, to subscribe or contribute. If you like it, share it. Thanks.

Health is fragile 31:45

**Health Hats:** Jane, where were you when you first realize that health was fragile?

**Jane Beddall:** Probably as my grandparents aged, that would probably be the first thing that I noticed. One died when I was probably nine. I remember visiting him, and he was frail. I think that'd be the first thing that came to me, probably.

**Health Hats:** What does healthy look like to you today?

**Jane Beddall:** Oh boy. How long do you have Danny?

**Health Hats:** Five minutes?

**Jane Beddall:** We can't go for an hour and a half. What a wonderful question. It's so many different things. I think it's physical health in a very traditional sense. It's emotional health. It's spiritual health. It's intellectual health. It's curiosity. It's the ability to adapt. And how important that is for all of us because everything changes all the time. Just a wonderful question - so many avenues. I think for all of us it's not static. I'm better emotionally one day than the next. Maybe one month to the next. Physically, I'm very fortunate, but I do manage to do goofy things. I hurt an ankle or something else, and I can't do what I used to be able to. So being healthy isn't being at the top of your game all the time. Oh heavens, I think that perfection is a tough standard to meet.

**Health Hats:** Yeah, no kidding. I appreciate you taking this time. You've given me some things to think about. The biggest thing is: Is this really an emergency? I need some time. I forget that.

**Jane Beddall:** I think we all do and the other person would like us to make the decision so they can move on. I can think of almost nothing where I would have a worse decision the next day. Almost always often better or at least as good a decision, not the same one, but just so let it mull.

**Health Hats:** Most things are not like you're bleeding out. Then there's no decision. You've got to put pressure on it. Or you can't breathe, well, you need air. We're not talking about that. Please do what needs to be done. I will see you again soon. Good good. Yes, I thank you for taking the time.

#### Reflections 34:50

Twenty years ago, my boss, Bob Doherty, now a dear friend, said, "Danny, you're in a pickle. You're the consciousness of the organization, and you want everyone to like you." I was the Director of Quality Management for an addiction treatment system. I'm both conflict-averse and have lost several jobs due to unresolved conflict, mostly around culture inconsistencies. So, I started this conversation with Jane Beddall defensively and eager to learn. I learned that there is good, collaborative, constructive conflict. I can help create good conflict by remembering most decisions about you don't need to be made right now on someone else's schedule. Might not be convenient to them, but it can wait until you consult with whoever you consult with and can sleep on it. I learned that most decisions are not permanent. You can try it and change. The decision to have surgery, however, is permanent. I learned that words matter. We all have hot button words. Best to know them – your's and their's. I learned that I can practice difficult conversations in advance to feel more comfortable and in control in the moment. Where have you had conflict as CEO of your health? How's it go? What did you learn? Please comment on my website or the show notes. May all your conflicts this week be constructive ones.