

**BBGuy Essentials 103:
“Glaucomflecken!” with Will and Kristin Flanary
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Will: I am Dr. Glaucomflecken.

Kristin: I'm Lady Glaucomflecken.

Will: And this is The Blood Bank Guy Podcast.

Kristin: No, "Essentials" Podcast.

Will: Oh, oh, this is the Blood Bank Guy Essentials Podcast, not the Generic Blood Bank Guy Podcast. This is only "the essentials" here. Welcome...

Joe: Hey everybody. Welcome or welcome back to Blood Bank Guy Essentials, the podcast designed to teach you the essentials of transfusion medicine. My name is Joe Chaffin, and I am your host, but today I am not going to teach you ANYTHING about transfusion medicine. I'm not kidding. Don't turn off your podcast player! You'll see what I mean in just a second.

But first, you should be aware that this particular episode is not a continuing education episode. You can find episodes where you can get free CE hours at BBGuy.org/podcast. All those episodes are labeled with the letters "CE," shockingly and creatively. Anyway, you can also find those podcasts at wileyhealthlearning.com/transfusionnews, as well as of course, any podcast outlet like Apple Podcast, Google Podcast, Spotify, et cetera. The CE episodes are courtesy of transfusionnews.com and Transfusion News is brought to you by Bio-Rad, who has no editorial input into this podcast.

Okay, how do I DARE tell you right up front that you're not going to learn anything about transfusion medicine today, and hope that you will still listen to this podcast? Well, here's the deal. Recently I got the chance to talk to two very funny and very inspiring people, Dr. Will and Kristin Flanary, and I'm going to share that conversation with you today. You may not have heard of Will and Kristin, but for me, my knowledge of them started a couple of years ago when I started getting emails and messages from people all over the place, people that I've known for a long time, that were asking me if I had seen the latest video by Dr. Glaucomflecken. "Glaucomflecken," it's a funny word just to say, I just really like it.

Anyway, they would ask if I saw what he said about pathologists and the lab, and what really interested me was that what they were referring to was not like, "Oh man, this guy doesn't get us, he's mean", and all that stuff. It was always with a laugh. And so, I started checking the videos out myself, and I checked them out on YouTube, and you in fact should check them out yourself. If you have not seen any of these videos, I think you will say that Will does a very good job at capturing the essence of pathologists and laboratory people. But he does it in a very kind way, I guess I would say. If you have not seen any of those videos, by the way, I've linked to some of them on the show page at BBGuy.org/103. Do yourself a favor, check them out, but be prepared, you can go into a

rabbit hole and start watching videos for numerous other specialties, and they all cracked me up. I think I watched for about an hour before I realized it the first time.

Anyway, I didn't know that the hilarious guy that was playing almost all the roles in these videos was actually an ophthalmologist named Dr. Will Flanary, and that the recurring character in some of the videos was his wife, Kristin. So Will and Kristin have quite a story, and when I got the chance to interview them, I really was thrilled to do so, and I just jumped at the chance, frankly. The Flanarys are up to a whole lot of things in addition to the Glaucomflecken videos. They're now hosting their own podcast called, "Knock Knock, Hi!" that you can find on any podcast outlet, and I really encourage you to do so, because there's a lot of very interesting insights to different things in medicine that I find fascinating. You can read more about the Flanarys, by the way, on the show page for this episode at bbguy.org/103, as well as at their website, glaucomflecken.com. That's G-L-A-U-C-O-M-F-L-E-C-K-E-N.com, and you can also find out what "Glaucomflecken" means. That's awesome.

So even if there is no blood bank education in this discussion, there's a lot to learn about life, humor, love, and it's all spiced with a truly heroic tale right in the middle of the episode. So I can't wait for you to hear it. I'll be quiet and let you hear my interview with Dr. Will and Kristin Flanary, or Dr. Glaucomflecken and Lady Glaucomflecken, if you will. Check it out, I'll talk to you at the end.

- Joe:** Will and Kristin, welcome to the Blood Bank Guy Essentials Podcast. Thank you guys so much for being here!
- Will:** It's so great to be here. Thank you.
- Kristin:** Yeah, thank you for having us.
- Joe:** I have to tell you guys, when someone from your team, I'm going to say your publicist, because it sounds like a better story to me. I'm not sure if it's your publicist, but somebody from your team reached out to me and said, would you be interested in interviewing the Flanarys? I got to tell you, my first thought was, "They have a publicist? Seriously? Wow." Impressive, you guys. What's the deal with that?
- Will:** Yeah. Well, we have an unbelievable production team. And so they actually, it is a publicist. We don't know this person, to be honest, but we do know our production team and they're very good, and so they're the ones that set up this-
- Joe:** All the PR, and yeah.
- Will:** ... all the PR. But you know what? Clearly you're in the top 10 of transfusion medicine related podcasts, so of course we wanted to do this one.
- Joe:** Which is basically saying I'm a slightly larger fish in a tiny little pond, basically.
- Will:** There you go. Yeah, exactly.

- Joe:** And that's okay. That's all right, I can live with that.
- Will:** I'm a big fan of pathologists though, so I was excited about it.
- Joe:** We're going to get to that, for sure. I'm very much looking forward to that, but I wanted to take a little time first to make sure that everyone is not only aware of you guys, but aware of your story, because I'm really fascinated by your story and how you guys have dealt with some challenges in your lives to come through, really, I would say triumphantly. I hope that's your perspective as well. But Kristin, can we start with you and just talk a little bit about the very beginning for you guys? How'd you guys meet? Was this guy always as nuts as he is now, or how did all that come together?
- Will:** Was I nuts?
- Kristin:** Well, we met in college at Texas Tech University. We were both undergraduates there, and that's how we met. I don't know, I wish it was a more exciting story. We had some mutual friends and just ran into each other eventually.
- Will:** I was very well-behaved when we first met.
- Kristin:** Well, he came in arguing with somebody about how they owed him an apology, so he definitely made an impression, I would say. Whether it was good or bad, I don't know.
- Will:** But you thought I was very well organized.
- Kristin:** He put on a front, yeah. He cleaned his dorm room very well before I came over for the first time. And I don't know, you probably cleaned out your car too.
- Will:** Yeah, I imagine I did.
- Kristin:** Yeah, he tricked me. All the things you can do to indicate whether someone is compatible with you or not, take a look at their environment and whatever. I should have talked to his friends a little more, because at our wedding, my maid of honor was one of our mutual college friends, and the fact that he had cleaned his room in advance of me seeing it, was so notable that it made it into her wedding speech at our wedding. So that really, I should have done a little more research.
- Will:** I'm here for any relationship advice, if that's the direction you want to go with this podcast, just let me know.
- Joe:** Well, I have some years on you guys, and all I will tell you is that in my 33 years of marriage to my wife, she is most definitely the hero of the story, that is for sure. And you guys have a little bit of that as well, and we'll talk about that more in just a few minutes. So Will, when you were meeting Kristin, I know you started doing a little bit of standup. Was that in college? Was that where you started?
- Will:** That was high school actually. Yeah.
- Joe:** High school? Wow.

Will: Yeah, a friend of mine who was the best man at our wedding, he's the funniest guy I know, and he started doing standup comedy. He was a year ahead of me, so he was a senior. I was 17 years old, so I couldn't be in comedy clubs past a certain hour, because they'd kicked me out, because I couldn't be around the alcoholic comedians. It would've ruined me or something, I don't know. But anyway, so he was going to comedy clubs in Houston. I grew up suburbs of Houston, and I'd learned that he was going. I was like, "Oh man, that sounds fun. Let me try that out." And so, it was just a blast to be around a bunch of other really funny people.

I mean, I wasn't that good to start. No one really is when you're getting in front of an audience for the first time, especially as a 17-year-old high school kid. But with comedy, the more you do it, the better you get at it. So I gradually got better at it and kept doing it into college. When we met, I was doing, we were in Lubbock, Texas, this is West Texas, not a whole lot. There wasn't even a comedy club there. It was all different college gigs and talent shows. Just random. Wherever I could find-

Kristin: Student Union, open mics, things like that.

Will: Yeah, wherever I could perform, I did it. And I kept doing that through college and into med school.

Joe: Kristin, did you get the chance to see him just flat out bomb? Did you ever get to see that, or was he so good that he always killed?

Kristin: I don't know.

Joe: Is that what happened?

Will: I didn't always kill.

Kristin: Yeah. I would say, I don't know that there was a show where you just bombed the whole show. I certainly saw some jokes that didn't go over as well as others, and that's just all part of the process. You got to try things out and see what hits.

Will: She didn't see the early, early years.

Kristin: No, I didn't see the very beginning.

Will: The first time-

Joe: You were a finely tuned machine by the time she saw it?

Will: Oh yeah, I don't know about that, but the first time I went up on stage, I still remember it, because my first joke I told, which I don't even know if I remember the actual joke, but I remember it hit really well, got a huge laugh, and then I didn't get a single laugh the rest of the time. So that was my-

Kristin: Mixed messages there.

Will: There's the highs and lows, but it got me hooked.

- Joe:** There you go.
- Will:** It got me hooked on comedy.
- Joe:** Yes. Well, understand. And there is something, I'm sure, well, obviously related to that with what you ended up doing with the videos later. But again, we'll talk more about that transition shortly. But what about your journey to medicine, Will, what led you from a high school kid cruising around in comedy clubs and doing all that to saying, "Yeah, I think this doctor thing, that's what I want to do?"
- Will:** Yeah, I'd always thought about going to med school. Even going back to junior high is the first time I remember being interested in medicine and being a doctor. There's no other doctors in the family, so it was just me. I never really considered, I guess comedy was the only other possible career, comedy writing, I don't know, acting, who knows? But I always viewed it as a hobby. It was never something I really thought I wanted to try to pursue as a career, because it seemed incredibly difficult and medicine seemed easier, which doesn't make any sense, but it did. And so in my mind, I was always like, "Oh, I could always go and tell jokes. I like making people laugh, but I'm going to go to med school. I'm going to..."
- Kristin:** It's a lot easier to have a comedy hobby than a doctoring hobby.
- Will:** Yeah, you don't want a doctor hobby?
- Joe:** No, I don't think that's allowed.
- Will:** It's a little bit shady right there.
- Joe:** That might be a problem, for sure.
- Will:** Yeah. I never really had to think about it too much. It was always on my mind to go to med school.
- Joe:** Right. Right.
- Will:** Yeah.
- Joe:** So from what I understand, you guys left Texas together to go up to Dartmouth for you to do your medical training, and Kristin, what were you studying up there?
- Kristin:** I was in a graduate program for social psychology and cognitive neuroscience.
- Will:** She's a smarty-pants.
- Joe:** I see that.
- Kristin:** I got into Dartmouth. Our application schedules were different. By the time I figured out that I wanted to go there and had gotten accepted, it was pretty late in his application cycle. So we got really lucky, he got the last interview spot and then he got in.

Will: Yeah, I got in off the wait list.

Kristin: Off the wait list two weeks before classes started or something.

Joe: Oh, wow.

Kristin: It was down to the wire,

Will: Carried a boombox outside their door and said-

Joe: Nice. Nice.

Will: "My girlfriend's coming here, can I come too?"

Joe: I think the "Cusack move" works. I'm pretty convinced of that.

Will: Yeah, for sure.

Kristin: On admissions officers, yeah, that's what I hear.

Joe: And anybody under 30 right now is going to be going, "The Cusack move? What the heck?" [It's]"Say Anything," faithful listeners, you've got to-

Kristin: Google it.

Joe: ... check out that movie. Yes, for sure. So you're at Dartmouth, Will, you're in med school, and Kristin, you're doing your studies as well, and you got married during that time?

Will: Yeah.

Kristin: Yeah.

Will: Yeah, during senior year at med school.

Joe: Which is crazy, insane. Hello?

Will: Yeah. Yeah.

Kristin: Yeah. We haven't followed any of the usual, quote, good advice, but it worked out for us.

Will: Yeah, had a kid during third year.

Kristin: Oh, my goodness.

Will: Well, we decided what are we waiting for? We don't have any money now, and we might as well just have a kid.

Kristin: Yeah. No, I had finished graduate school and he still had some time, and we were living in the middle of nowhere in New Hampshire, so not a ton of job opportunities. So I

thought, "Well, while I'm waiting around for you, I guess I'll pop out of kid to get this started."

Will: Pretty much how it went. Exact quote from a conversation we had.

Joe: Yeah, there we go. I like it. Well, speaking of popping something out, Will, unfortunately, I think something else happened during that third year as well, right?

Will: Yeah, I had testicular cancer in my third year.

Joe: Oh my gosh.

Will: And fortunately I caught it really early, and I had surgery, orchiectomy. So actually a couple of different parts of me have found its way into the pathology lab, which is exciting.

Joe: Yes, lucky you.

Will: Exactly, right.

Kristin: Do you think some pathologist has your slide framed or something?

Will: I doubt it. Very strange. I mean, we'll see.

Joe: I once knew a pathologist who claimed to have Elvis's brain.

Kristin: Oh wow.

Joe: Which is just strange, but a true story. He really did claim to have part of Elvis's brain.

Kristin: I wonder if it's the same guy...Elvis's brain and Dr. Glaucomflecken's balls. That'd be quite some bragging, right?

Will: Hey, pathologists, you guys got to get excited about something, I guess. There you go.

Joe: Ladies and gentlemen, that is the clip for this episode right there. Thank you, Kristin. I think we could stop right now, and...

Will: No doubt, but I had surgery and that was it. I didn't have to have any other treatment, which was great. Graduated med school, went on to residency, we were at the University of Iowa, and that's when I had a second round of testicular cancer in the other testicle, which apparently happens in about 1% of testicular cancer survivors.

Joe: Oh, man. Obviously in the midst of a new marriage and kids, that sounds like not a lot of fun.

Kristin: Yeah.

Will: Yeah, at that point we had two, every second-

- Kristin:** Yeah. Every time our baby was one year old, he lost a testicle. And so there's only two, so two kids was it for us?
- Will:** That's right. Yeah.
- Joe:** I'm sorry to laugh.
- Kristin:** No, it's true.
- Will:** No, it's okay. Well, that was a big decision we had to make, right? Were we done? Was our family complete? Do I bank sperm? And I don't know how involved pathologists are in that process. I know you like blood banking, that's pathology, but the sperm side of things, is that a different field?
- Joe:** Pathologists actually often oversee tissue banks that include things like sperm and eggs. Yeah, so that's not uncommon at all for pathologists to be involved in that.
- Will:** I learned a lot. It's a very fascinating experience.
- Kristin:** Just like from an anthropological way.
- Will:** Yeah. Yeah. Well, what was actually the most interesting was that I had the option of sending my sperm sample in different trucks, because just in case-
- Kristin:** It's like you're British royalty or something, your samples can't travel together...
- Will:** Yeah, because it was my... it was the last genetic material that I had, because I was getting both my testicles taken out. So they're like, "Will, if you want to pay an extra \$500, you can have this sent on two different trucks just in case one of them veers off the highway and ends up in a river, and we lose it." And I was like, "You know what? If that happens, it was meant to be. I was not meant to have a frozen sperm sample." So anyway, I did not go with the second truck.
- Joe:** You did not go in the second truck.
- Will:** I did not.
- Joe:** Okay. I think I understand that. So you're in the midst of all this. Obviously you're dealing with all this. I'm assuming that because of everything going on, the standup had gone by the wayside a little bit. You're a busy resident and all that stuff.
- Will:** Exactly. Just didn't have time to do it. And we were in Iowa, which not a lot of comedy clubs there. I ended up finding myself in places that don't have great comedy.
- Kristin:** Yeah, love it. New Hampshire and Iowa-
- Will:** New Hampshire is better. New Hampshire was okay.
- Kristin:** ... none of which are super comedy club heavy.

- Will:** New Hampshire, that was fine. But yeah, Iowa was not great. And so, that's when I started doing the social media. So I started-
- Joe:** Right. And that's where I wanted to go with that. Go ahead, Will. I'm sorry to interrupt you.
- Will:** Yeah. No, it's fine. I started on Twitter, and then the pandemic hit. I kept doing, I was on Twitter since 2016, so four years, just telling jokes on Twitter. And then pandemic hit, lockdown happened, and I started dabbling in making videos. And that just slowly, I mean not slowly, it went very quickly. It gained an audience very quick, because everyone was on social media at that time, because nobody had anything else to do. And so, people are trying to get information.
- Joe:** One thing I want to ask you about that, Will. Forgive me, I'm sorry again for interrupting. I wanted to ask you, just because you said you started on Twitter in 2016, and I think we're all pretty familiar with the fact that Twitter, well, okay, it's a cesspool in so many ways.
- Will:** Yeah, it sucks. Terrible.
- Joe:** Yeah, and there's so much outrage that happens on Twitter constantly. And did you get any... I know you were doing some, were you focusing mostly on ophthalmology then, or were you doing more general stuff?
- Will:** When I first started, it was all ophthalmology. And I learned very quickly that, that is a limited audience. The group of people who go to Twitter for ophthalmology comedy is not big. And so, I quickly expanded into other areas of medicine. So yeah, I was telling jokes about anything. I was anonymous and I was pushing the envelope a little bit at times. So yeah, I'd piss people off every now and then.
- Joe:** But the Twitter to TikTok transition, was that largely just to get away from Twitter, because it sucks?
- Will:** Well, I was bored with it, to be honest. I had done Twitter, I'd been doing it for a few years, and I was like, "Well, what else is there?" It wasn't scratching my creative itch that it had initially. And so, I just wanted to do something different, and all of a sudden I had all this extra time to really dive into the video content.
- Joe:** Yeah, and things got a little nuts for you during the early part of the pandemic. So Kristin, I would love to just hear your perspective on the events of May 11th, 2020. And so just to set the stage, you guys are sitting there, you've started doing videos, you've started to have some success from what I understand, right?
- Will:** Yeah. At that point, probably on Twitter, I mean, I had a couple, a hundred thousand followers at that point on Twitter, and then TikTok was getting up there, so I was developing a pretty big audience at that point.
- Kristin:** Yeah, I think you started your video content in March of 2020, and then in mid-May, the night after Mother's Day, so we went to bed on Mother's Day, and then in the middle of

the night at 4:45 in the morning, I woke up to him making these really strange noises. I'm not in medicine, so I'm not familiar with anything medical related. And I thought he was snoring. I had been woken up from a deep sleep, so I was groggy and confused and just pushed him to see if he would stop snoring, rollover. But he didn't respond. And then the sound started being a little more urgent and desperate sounding, is the best way I can think of to describe it. And that really started to freak me out. He wasn't responding. I shook him a little harder. I started yelling his name. I don't know if I slapped your face a little bit.

Will: Last little bit of aggression there.

Kristin: Not hard, but enough that it should have woken you up, and it didn't. And so, then I got alarmed and I called 911, and I learned later that those were agonal respirations that I had heard and had woken me up. So thankfully, I know they're not always that pronounced. And so, I'm really thankful that they were in that case, because they did wake me up. And so, I did CPR on him for 10 minutes while the paramedics were on their way. And then they got there and they shocked him five times and gave him a whole bunch of epinephrine and amiodarone and lots of other words I learned later.

But yeah, it was a memorable day, that's for sure. Our kids were in the next room sleeping, so I was trying to navigate, I don't want to wake them up. I don't want them coming out of their room if they do wake up, and he needs help, and just trying to juggle all of those pieces. So I just went into crisis, problem solving mode. And thankfully it all worked out.

Joe: Yeah, amazing. And I know you've had a bazillion people say this to you, Kristin, but I salute you. That's awesome that you could keep your head, because honest to God, if something was going on like that with my wife, everything I ever learned in medicine would go completely out the window and I'd just start screaming. That's all I would do. There's no question about that.

Kristin: Well, the good thing is, I have anxiety, so we're just totally primed for emergency. I'm always expecting-

Will: She was ready, yeah.

Kristin: ... to need to react to an emergency. And we had a brand new mortgage and two kids, so I wasn't letting him get out of here that easily.

Joe: "No, you cannot leave!"

Kristin: "You get back here!"

Joe: So Will, what's the next thing you remember, if I can ask?

Will: I remember waking up in the hospital and talking to my nurse, my ICU nurse, and whose name was Roger. He's the only person I remember from my care team actually. I know there was a woman.

- Kristin:** Yeah, there were several, but he was the last one.
- Will:** Yeah. And there was, I remember my ICU physician, but really he was the only face I remember. And so, I woke up after two days, I think it was.
- Kristin:** 24 hours. Yeah.
- Will:** Yeah, 24 hours. And then I remember FaceTiming with Kristin, because she couldn't be in the hospital, because that was during the terrible time-
- Joe:** COVID. Right. Yeah.
- Will:** ... when they weren't letting anybody in to see their loved ones. And so I remember those conversations, but I was discharged pretty quickly. I was only in the hospital for a couple days.
- Kristin:** Yeah, that was early Monday morning that he had the arrest, and then he was home for dinner on Thursday.
- Will:** Yeah.
- Joe:** Wow.
- Will:** And back to work a month later. Crazy.
- Joe:** Let's get going. Come on.
- Will:** Yeah. Well, I wasn't able to drive a car, but I was allowed to operate on people's eyes, so that was-
- Joe:** Well, sure, that makes sense, because which one's more important, right?
- Kristin:** Yeah, exactly.
- Joe:** Which one requires more skill?
- Will:** Yeah, I guess I could have killed more people if I had had a repeat cardiac arrest on the road, versus in the operating room's.
- Kristin:** Yeah, but he got his subcutaneous defibrillator-
- Will:** Yeah, I got a defibrillator.
- Kristin:** ... and he was good to go.
- Joe:** Nice.
- Will:** Absolutely. I didn't have to send my heart to the pathology lab.

- Joe:** There you go. Can't have that, for sure. How did that change things for you, Will? I mean, I can only imagine that, that would be just, I mean, to say the least, an eyeopening experience, no pun intended, but I mean, how did that impact what you were doing both in your professional work life, as well as what you started doing with your videos?
- Will:** Well, it helped me relate to my patients a little bit better, because most of my patients are older people in their 60s, 70s, 80s, into their 90s, and they're all going through health issues. And in addition to that, they're all dealing with health insurance. And that was another thing I had to go through, was denials and-
- Kristin:** Surprise billing.
- Will:** ... Cigna refusing to pay what they should have paid., and all these phone calls. Basically, I was really in it in terms of interacting with our healthcare system from the patient perspective. That was something that I was able to relate a little bit more with my patients going forward, and still do. Being more open, talking about those types of difficulties, talking about billing, sympathizing with them on their health issues or cancer diagnosis. Yeah, I feel like it just gives me that perspective that I can draw on at any time, really.
- Joe:** Sure. Well, and it led to your first really humongous viral video, didn't it?
- Will:** I think it was around the time when I really started... Yeah, I did a couple of health insurance related videos. I did one with my kid where I pretended to give her a medical bill for removing a splinter, and had to send her to collection, take all her stuff.
- Kristin:** \$900 I think.
- Will:** \$900 bill.
- Because at that point, I was doing the first day of rotation videos, and they were all really taken off quite a bit. But then once I started hitting the health insurance industry and healthcare in general, that started to reach a wider audience, because everybody could relate to the challenges, the things I was talking about, prior authorizations and denials and surprise billing and all this stuff. So it really resonated with a larger audience, and that's when the following really skyrocketed.
- Joe:** One of the ones that I was referring to is one where you're talking to, I think it's an insurance claims agent, and you're saying, "Well, I didn't choose my out of network doctor. I was unconscious."
- Will:** That's right.
- Joe:** And the person patiently explains to you that, that's just how it is. It's crazy.
- Will:** That's right. Yeah. Yeah. I think that was actually the first, you're right. That was the first insurance related video I made. And man, the reaction to that, just the thousands and thousands of comments on Twitter, on TikTok, people talking about their own

experiences, it was eye-opening to me, and it actually helped reinforce my thoughts of continuing in that vein, talking more and more, making more and more videos about this to do it now with healthcare being the punching bag most of the time.

Joe: Nice. That works for me. I will say nothing more. So as you move forward, I know you mentioned you were doing some of those the first day of residency and some of those other videos. You started developing a cast of characters and a rotating cast of characters in multiple different specialties. And boy, obviously we don't have time to go over each one individually, but I'm really curious about, as you did those, was there any thought in your head that, "Gee, am I going too far?" Like with the one that strikes me is the neurologist, neuro guy. Neuro is a little, he's fairly sharp in terms of the satire, and maybe not satire, I've met neurologists too. But I'm just wondering what feedback you've gotten, what pushback, if anything you've gotten from people?

Will: You know what? I think as long as there is a little bit of truth in the characters, in the personalities, then I'm safe. And I honestly have not gotten a whole lot of pushback on the characters themselves. People like him. And I think what helps is that I'm willing to make fun of myself just as much as anybody else, so I am no stranger to self-deprecating humor and making fun of ophthalmologists. And so, that gives me a little bit more comedy cred in terms of making fun of other people. And I don't take cheap shots. I try to not only show the idiosyncrasies and the personalities, but also show that these are still really smart people, and they're still good at their job, they just got a weird personality. So it's truthful.

Kristin: I mean, you're the one to talk.

Will: Yeah, there's a lot of truth to it, it's just exaggerated truth.

Kristin: Sure.

Will: And so, that's why it's satire, because there is truth to it. And I don't belittle and disparage a field or an individual. And so, that's how I've been able to keep myself out of trouble. And I think people in medicine especially, are desperate for a laugh. And so, I don't know. I honestly don't know though. I don't know why people don't get mad at me, but they don't.

Joe: What do you think, Kristin? Why don't they get mad at him?

Kristin: Well, in all seriousness, I think his characters, yes, they're funny and there are some jokes to laugh at and things, but I think at the heart of it, our whole brand actually is all about bringing humanity back into healthcare. And I think that people see the humanity in the characters, and more importantly, they see themselves in the characters. They feel seen and heard and validated by the ridiculous scenarios he's portraying and the jokes he's telling. And it's a nice, palatable, quick way to be able to show it to their friends and family and say, "See, this is my job, or this is what I have to deal with every day." Or just to know that someone sees you and understands you and your plight moving through this world as a human, I think is incredibly meaningful to everyone. And I think he's really accidentally tapped into that with these characters.

- Will:** People also just are so impressed that someone outside their own specialty knows something about their specialty, because we just tend to get so separated in medicine with our own little silos, and we only interact with our own people. We just interact with other specialties just when we have to. And it's always, this person they're giving me work to do, or I don't like the way this person is talking to me. There's a lot of animosity and there's not a lot of understanding of where we're coming from. And so, I think that's part of it. And there's this novelty of an ophthalmologist actually having-
- Kristin:** Knowing something.
- Will:** ... some idea of what is going on in the life of a nephrologist. That's very unusual.
- Kristin:** But don't let him fool you. He doesn't know as much as he lets on...
- Will:** Oh, yeah. No, it's all... People ask me, "how do you know so much about these different areas of medicine?" I don't! Let's not get it twisted here. I am faking it. If you scratch beneath the surface just a little bit, and there's nothing there.
- Joe:** You are a charlatan, Will Flanary. What is the deal?
- Will:** I'm just good at pretending. And I guess I got some act-
- Kristin:** He learns just enough to make a video and literally nothing more.
- Will:** I guess, my search history is very strange.
- Kristin:** Yeah.
- Joe:** Yeah, I bet. Well, and actually that leads me to what I wanted to spend at least part of the last little bit of time we have together today on, and that's, you've done a few videos on pathologists. And one in particular that I actually just saw this morning I'd never seen before, about Bill visiting the lab and interacting with the laboratorian that's checking in the specimens. I had never seen that one before, and it cracked me up. And again, everybody, I will link to those videos on Will's YouTube page. But again, you just told me, you don't know everything about, I'm sure, pathologists, but specifically with pathologists and the lab, what have been your interactions over the years that maybe shaped some of that humor?
- Will:** Honestly, what shaped the character and how I portray that character was the personality that comes through from pathologists on the internet, on social media. It seems like for several years, every tweet, everything I saw from a pathologist was always so happy and fun and, "Look at this cool thing I saw." And all the other pathologists were just like, "Yay, that's such a cool thing." It's such a difference from the despair and anger in every other part of Twitter. And all of a sudden it's just like pathologists, just a breath of fresh air. And so, that was really the basis for making the pathologists this bubbly, happy personality. And I think it also goes a little bit against what your general public or your non-pathologist would imagine a pathologist would be like.

Joe: Right.

Kristin: Basement dweller.

Will: Yeah, you imagine they're in the dregs of the hospital, and there's no light in there, and they're like the Hunchback of Notre Dame kind of thing and going on, they're just cutting up dead bodies. And I was like, "Well, I know that's not true." And so of these-

Joe: Mostly.

Will: Yeah, mostly. Some of these characters, I play on audience expectations a little bit like, "Oh, that's totally different than what I expect a pathologist. That's cool. That's fun." That was the basis for the personality of the character. And then it was just filling in the gaps, having them name their microscope and all this stuff.

Kristin: I think we have Tabitha back there.

Will: Yeah, Tabitha's-

Kristin: Yeah, right back there.

Joe: Tabitha's back there?

Kristin: Yeah.

Joe: Oh man, I'm thrilled. I always wanted to meet Tabitha.

Will: Well, I had to play with some of the stereotypes a little bit that-

Joe: Sure, of course.

Will: ... you are a little bit isolated from everybody else in the hospital and you just have yourselves to interact with, and the lab. And so, it was fun to bring this other character, this microscope character into play as well.

Joe: Yes. And the pathologist visit to the therapist, again, I don't want to go over every video, but the way it started with just the pathologist is happy, wonderful, well-adjusted. And then the look on the therapist's face when the pathologist is directly addressing Tabitha, the microscope, I thought I was going to die. It was one of those moments that as a pathologist, I sat there and said, "Yeah, okay, I can live with that one."

Will: When he covers the microscope's ears, "Don't listen to this, Tabitha."

Joe: It's too much. It's awesome.

Will: Oh man, it's so fun.

Joe: As you said, I don't think any good humor comes without some gentle poking. What I appreciate about what you've done, I mean, hey, I'm a pathologist, so I will confess that I'm a little sensitive to the, "Your patients don't talk back, ah, ha, ha, ah, ha, ha. I've

never heard that before. That's so funny." Anyway, so I think we in general in pathology have a tendency to be a little nervous about how other people think about us maybe. They think we're the dorks in the lab that are not wanting to talk to people, et cetera. But I think what you did with those videos and what I appreciate about them is that it showed our more human side. And in fact, many, if not most of us, do really get excited when medical students come to visit us. It's very true. That aspect of it is very true. We do love doing that kind of stuff. There's a lot of teaching personalities in pathology, I think. And I think you hit on that a little bit.

Will: Well, I get tired of the same tired tropes as well, and I play into some of them with different characters, but I always try to come at it from a little bit of a different vantage point, so it seems a little bit more fresh. And with the pathologist, I don't know, I agree with you. I think it's tired and it's overdone the whole, like you don't talk to patients and you're antisocial. And so, I didn't want to go the antisocial route, which is why it's like the pathologist in my fictional hospital is someone that you'd want to hang out with, you'd want to get some Swiss Miss with.

Joe: The golden retriever of the hospital, if you will.

Will: Yeah. If anything, it's like the pathologist that enjoys being around people. They just don't get the opportunity as much as others. And so that's really-

Joe: Very true. Again, mostly, right?

Kristin: Mostly. Yeah.

Will: Right. Right. There's always the exceptions, there's always-

Joe: Of course.

Will: But I think that's a more fun portrayal that allows me to do a lot of different things with the character. And the pathologist was actually one of the first ones that actually voluntarily went to the therapist, which people actually pointed that out. It's so nice that in the therapy videos, the doctors are seeking it out. That's cool. And I even think about stuff like that, just people point that out to me, I didn't even think about that. Like, wow.

Kristin: Yeah, he really gets entirely too much credit for things.

Will: I just tell a bunch of jokes and they show up on the video and people give me credit for things. I don't know.

Joe: There we go.

Will: But anyway, I'll take it.

Joe: And you deserve it. So Kristin, I don't want to leave this conversation without circling back around to what the things that you've been doing specifically with co-survivors and others in terms of, I mean, let's face it, you saved that guy sitting right next to you. You may not want to take credit for that, but that's for real.

Will: Oh, she should take credit for that.

Joe: How have you taken that experience, and utilize that going forward, to do some good in the world?

Kristin: So between the two cancers and actually even being along for the ride during medical school and residency and things, I noticed for all of those things how my role, and it's not about me, because there's thousands of other people in the exact same situation. The partners, the spouses, the families, they often get ignored in all of it. Their needs are not really considered that much. Occasionally they may get thrown a bone or two, but it's a whole big thing to go through, and it affects your life in really deep, meaningful ways. And when he got cancer, I was there too, and I had questions too, and I was scared too. And when he got cancer again, I was still there, "Hi", but I hardly ever got addressed by the healthcare workers, even if I was in the room. They mostly looked at him, talked to him, asked him if he had questions.

Occasionally someone might, on their way out, ask me if I had anything. Or if I would interject, they would answer me and then get back to him. And then when the cardiac arrest happened, that really was, it was a bad pun, but no pun intended. The nail in the coffin for that idea for me that, actually he was unconscious. And I don't want to downplay the effects that it had on him, that he had a cardiac arrest, that once he woke up and he understood what happened and he was processing all of that, that's a very real thing, and that's his story. But for the arrest itself, he did not experience that. He was unconscious. And I most definitely experienced that. And not only did I experience it, it was extremely traumatic. Again, I'm not in medicine. I'm not used to seeing these things.

I'm not used to what I saw and heard and felt and did. And you never want to see bad things happening to your loved ones. And so, then it was that layer added on top of just like, "Wow, what did I just see?" So that really, I was looking for resources afterward of who can help me? What just happened, and who can help me process this? And there's really nothing out there. Things over the past few years, I've been trying to work with people to change that, but at that time, there wasn't really anything. There were a few little beginning attempts at things, little online support groups and stuff, but didn't really resonate with me. And so, in my attempt to come out of my own trauma, I was just seeking something that would resonate.

And one of the things that I found was a paper by Katie Dainty and Kirsty Haywood that used the term, "co-patient." And when I saw that, I thought, 'yes, that is exactly what it feels like.' All of this happened to me, too. Med school happened to me too. Residency happened to me too. Cancer number one, cancer number two, cardiac arrest, it all happened to me too, just in a slightly different way.

So I really started, language is so important. I could go on forever about all these things, but one of the things that I lost for a little while during my trauma, was the ability to really partake in conversation. I could talk about logistics and things, but it was really hard to process things with those language parts of my brain seemingly frozen. So finding that word, unlocked everything. And so, I wanted to share it with other people that this is the

concept. Because once you have a word for something, once you have a label for it, you can share what it's like.

You can express yourself, you can find help better, because you can explain what it is that you're going through, and so what help you might need for it. And so, I started just talking about co patients, co survivors of things to really try to hammer home both to healthcare workers and to co patients themselves, that this is a thing, this exists. It's a real role that people are playing. And we're not just caregivers, we're not just part of the care team, we ourselves are patients as well. Things happen to us that we need help with. So now I do keynote speaking and writing, and a lot of my social media presence is about these ideas. We have this podcast to talk about it, anywhere I can I am shouting it from the rooftops, because it's a very overlooked concept right now. And I'm hoping to help change that and make people more aware of it and create more resources to help people.

Joe: That's awesome. And people can find out more about what you're doing on the glaucomflecken.com website, is that correct?

Kristin: Yeah.

Will: Yeah, you can find everything, things that Kristin's written. She's a fantastic writer and has written about her experiences. And then you can find our podcast where we occasionally will touch on all the things that we've experienced, and we also try to be funny from time to time.

Kristin: Yeah, it's more of a medical comedy podcast, but there's some substance to it too, so it's got a little something for everyone. But yeah, you can find all of that on glaucomflecken.com.

Will: Yeah.

Joe: Excellent. And the podcast is called, "Knock Knock, Hi!", which is your signature greeting in your videos as well, right?

Will: Yeah.

Joe: That's where that's from.

Will: Yeah, that's right.

Joe: Outstanding. And I confess, I haven't listened to all of them. I've listened to several of the episodes and it's a blast. And you guys should be really proud of what you're doing with that. Congratulations on that.

Kristin: Well, thank you.

Will: Appreciate that.

Joe: Well, I can't thank you both enough for taking the time to hang out with me today. And I know that my listeners are going to just enjoy this so much and get some laughs and get some perspective on life. So again, Will, Kristin, thank you both so much for being here with me.

Will: Of course.

Kristin: Thank you.

Will: And I am always looking for new pathology ideas for videos.

Kristin: That's right.

Will: I want to do something about frozen sections, because anytime I can get another doctor interacting with a surgeon, it's always really good. And so, if any of your listeners, feel free to email me, you can find my contact info on the website. Happy to entertain any suggestions from the pathologists out there.

Joe: Awesome. Awesome.

Will: But thanks a lot for having us.

Joe: Hey everybody, it's Joe. Thanks for hanging around for just a second. See, no transfusion medicine learning in that episode, but a lot of life learning. Huge thanks, again, to Will and Kristin Flanary, Dr. Glaucomflecken and Lady Glaucomflecken, for taking the time to join me on that episode.

I mentioned several times you can go to BBGuy.org/103 and find links to some of Will's videos, as well as a link to Will and Kristin's excellent site, glaucomflecken.com. You can read more about what they're doing there, as well as check out their podcast. And please do that. Knock Knock, Hi!, you can search for that podcast on any major podcast outlet, Apple Podcast, Google Podcast, Spotify, et cetera, and you'll find what Will and Kristin are doing there. And again, it's great.

Be sure to go to Apple Podcasts, by the way, to subscribe, rate, and review THIS podcast so that others can find it. I do read all of your reviews, yeah, even the not so nice ones, and I try to use all of it to do this better.

So I'm working through a bit of a backlog right now in episodes to release in the coming weeks. I've got several things coming for you. The long promised, "So You Want To Be a Blood Banker" episode is coming soon, an interview with Drs Anne Eder from the FDA and Mindy Goldman from Canadian Blood Services regarding the recent changes in FDA criteria for blood donation, those are gathering a lot of attention, and we're going to talk about that. I have a discussion on transfusion issues in patients receiving stem cell transplants with Dr. Brian Adkins. And finally, an update on Rh issues in obstetrics with Dr. Glenn Ramsey, and my dear friend Dr. Megan Delaney. All of that is coming very soon.



But until then, my friends, until we see each other again, I hope that you smile, have fun, tell the ones that you love just how much you do, and above all, never EVER stop learning. Thanks for hanging out with me today, and we'll catch you next time on the Blood Bank Guy Essentials Podcast.