

Kaci McCleary

University of Pittsburgh School of Medicine

What I Can Do

It wasn't the long nights spent coating whiteboards in unpronounceable drug names, hoping to at least recognize them on the morning's test. It wasn't the inbox bulging with student loan emails, seemingly. It wasn't the morning I learned my classmate had committed suicide, although I can no longer drive up that parking ramp without imagining him jumping off. It wasn't the message about a second classmate's suicide that brought us all together while, somehow, simultaneously pulling us apart. It wasn't even the day we learned of a third student...I knew what it would say before I opened the email. Failing tests, missing meetings, dozing off in class; all the standard struggles seemed surmountable when considered in isolation.

What finally got to me was the culture of wards. In the pressure-cooker of hospital medicine, simple annoyances became crushing threats to my dignity and control. Gone were the didactic

days of watching lectures online, replaced by cold, sunless morning rounds that seemed designed to clash with my natural circadian rhythm. Committing to anything in advance became more dependent on prayer than planning, as we never knew our schedules until the first day of each rotation. I wanted desperately to help my overburdened residents, but *being a team player* actually means *getting out of the way* when teaching takes as long as doing it themselves. I'd come to clinics excited to finally learn through experience, yet my notes were non-billable, my physical exams had to be repeated, and my time felt less valuable than the nitrile gloves we burned through on rounds. Every interaction became a stinging reminder of how little we knew.

There is a certain Ivory Tower romanticism to studying through the night in the early years. We're doing this for a purpose; for our patients, we

persevere. The cause is noble and we are proud to make the sacrifices it asks of us. But in clinics, when even bathroom breaks are doled out by superiors, the sacrifices were no longer mine to make. Suddenly, I wasn't staying late for the good of the patient; I am there because I need a good evaluation. When I stand by the operating table for hours, it is not out of concern for the person in front of me, but rather to meet my attending's expectations. All choice had been smothered by obligation, and I brimmed with resentment. It felt like being in high school again.

After being bullied throughout my formative years, severe depression and anxiety have been constant companions. I struggle not only to be the best possible version of myself and live an authentic life, but to have the self-confidence to believe I deserve that happiness. Each year had been a little better than the last—a difficult but steady climb up to the edge of the emotional setback known as clerkships. Especially in the first six months, the thought of quitting was my constant companion. It was not a daydream, a pleasant stroll into escapism when a surgery dragged on and on; it was a nightmare. To carry on felt impossible, but to quit? I couldn't bear the thought of giving up on my patients and myself.

As I struggled to choose between my goals and my mental health, I had the fortune of rotating with a few people who were working to solve the exact problems I was facing. Their simple acknowledgement of the toxic culture in medicine allowed me to step back and reassess my situation: certainly, at that moment I felt powerless, but it wouldn't always be that way. As a doctor, I would be in a position to advocate for change. Even as a medical student, I started finding ways to fight back against the strict, emotionless culture of the wards by talking about doctors living with mental illness.

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With a few other students, I helped found a chapter of the National Alliance on Mental Illness (NAMI) at our school. Wellness, while important, was not enough for us; we began to discuss vulnerability, failure, and struggle as a common ground for medical professionals to support each other. Additionally, I started a personal

project collecting stories of physician and medical student struggles with mental illness and suicidality. I stopped wasting energy railing against what I couldn't control, and channeled it towards what I could.

Confidence trickled back in with every rotation I passed, until finally I hit my stride in advanced clerkships. There were so many other healthcare careers I could have chosen, so many other things I could have done with my life... but once I was back in my specific field of interest, neurology, the endless questioning seemed almost silly: Can I do this? Should I do this? Of course! I love medicine; the current system of practice is my primary frustration. Part of wisdom is accepting that there are things I cannot change, while maintaining the desire to change what I can. Today, what I can change is still small, and control over how I use my time is limited, but it will continue to improve with training. By focusing on what I can do rather than what I can't do, I have found both day-to-day satisfaction and the patience to continue working for the practice of medicine I love.

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