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Belonging With the Best

One of my greatest hardships in medical school has been entirely in my mind.

Maybe it's a product of being at a top medical institution, or maybe it's the product of society, but as a medical student I have struggled with the pressure to be "the best" — while simultaneously fighting back feelings of doubt on whether I belong in the first place.

In America, we are told that we can be anything; if I want to be a rocket scientist or an orthopedic surgeon, it is in my power to get there, no matter what the obstacles are. Whether it is my personality type or my profession, I have also always striven for the highest level of excellence — always trying to do my best, and always aiming for the highest score possible. If you reach for the moon, even if you miss you'll land among the stars, right?

That has taken on new meaning in medical school. I don't just want to be a doctor — I want to be the best doctor, because that is what my patients deserve. At the very least, I want to be my best. I want to do my best for my patients — isn't that why I came to medical school in the first place — to help patients? My patients deserve me at my best — if I make a mistake, it's someone's life at stake. To know that a patient's life was unalterably hurt — a diagnosis missed, an incision made too deep, whatever — because I wasn't "on my A-game" is terrifying. It's one thing to lose a patient, it's another to know that I could have done better, but didn't.

Unfortunately, I have found that this self-imposed pressure to always be "on my A game" has conflicted with some of my personal values: prioritization of relationships, family, exercise — having a life outside of medicine. It's easy to feel that all the moments spent "having a life" are moments that could have been spent

perfecting my craft—and that my patients will thus miss out on that opportunity for me to become more skilled. Not to mention, at the professional level I will then have to compete with people that did choose to prioritize medicine in that moment. I have caught myself wondering, “Is there an ideal dis-prioritization-of-medicine frequency I should be shooting for?” Inevitably, I then wonder, “If I am trying to find the maximum acceptable amount of times that I can not prioritize medicine, does that make me a slacker? Do I need more “relaxation and de-stressing time” than my peers, and if so, does that make me lesser than them?” I sometimes can’t help but look around at my peers across different medical institutions, all brilliant, and successful, and seemingly more hardworking and studious than me, and question if I belong.

Recognizing that my stress derived from an internal moral conflict was the first step. My entire first year, I rocketed between spontaneous getaways to nearby cities like Washington, DC and New York and furiously studying alone for hours at a time in the school quiet reading room, feeling as though I deserved to punish myself for letting myself have fun. While traveling did revitalize me (as I knew it would), the “splurge-and-punish” mentality was exhausting, and

only perpetuated my feelings of not-belonging. No one else in my class randomly explored the Supreme Court on a Thursday that we didn’t have mandatory class – why did I need to? I could have spent that time studying or doing research, like the rest of my classmates.

Since that Thursday at the Supreme Court, I have thought a lot about what it means to be “at my best”, and analyzed more critically the lives of physicians at my institution that I hope to emulate – Dr. Redonda Miller, Dr. Jennifer Lawton, and Dr. Miho Tanaka, to name a few. Each of them is incredibly successful and well-loved by patients, yet also spends time with their family or travels around the world –i.e., has a happy, fulfilling life outside of medicine.

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I am learning to accept that I will not always be studying or doing research, and not doing so does not make me less of a medical student. Yes, having a life outside of medicine has an opportunity cost – but it also gives me the energy and mental capacity to be at 100% when I am back in the medical world.

Balance, I am learning, is a constant juggle – sometimes I may have to prioritize between medicine and “having a life”, but other times the prioritization can be between the different aspects of having a life – spending time with friends and family, exercising, and having fun—and, importantly, that my prioritization can change daily. Ironically, the hardest lesson to swallow has been that it is okay to sometimes prioritize fun. As doctors, I have realized, it is our job to save lives—but that does not mean we should lose ours in the process.

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