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# Building a Community:

## My Coming-of-Age as a Future Physician

[*Note: the name of the patient in this essay was changed for privacy*]

Joshua leans back onto the sterile examination table, his skin damp with perspiration and his cotton shirt sticking to his sweaty ribcage. The cloth pulls itself from his skin to billow outwards with each gust of air from the fan I had set up in the corner, revealing emaciated arms which clench into fists as he slowly pulls up his shirt. A couple of minutes later, it is over: the stitches and his feeding tube are removed, and after three weeks in the ICU, he can finally eat food again. To a normal person, feeding through a tube would be unimaginable. To him, it is life.

My research fellowship in thoracic surgery was supposed to be a highlight of my medical school research career, but little did I know that my interaction with Joshua would encapsulate my own love and frustration with a career in medicine. I entered medical school with a penchant for surgery. I spent much of my undergraduate and graduate career working with my hands, first while completing my Bachelor's in Biomedical Engineering and then while doing my Master's in Statistics. Thus when I was awarded this research fellowship, I was beyond excited to join the surgical team in the OR, the clinic, and in the research lab.

At the intersection of cancer, critical care medicine, and thoracic surgery, my research project focused on long-term pneumonectomy outcomes. This is how I met Joshua. He suffered from such an advanced case of mesothelioma that an extrapleural pneumonectomy was indicated. At the time I had already gone through a year of medical school, but practicing clinical interviews with standardized patients or

patients in the ambulatory primary care clinic I worked at did not completely prepare me for working with patients like Joshua, who were in such advanced stages of disease. I was taken aback at how disease had ripped apart not only these patients' lungs, but also their lives, their families, and their entire identities. Standing in the OR as we cut out their lungs, I could not help but wonder what else we were cutting out: their ability to run after their grandkids in the park, their ability to go on that skiing trip, or their desire to even take those few extra steps to the mail box.

In a medical anthropology class I took during undergrad, we learned about the distinction between a "disease" and an "illness," where the latter involves more than just pathophysiological processes and also incorporates the patient's life circumstances. While working with these patients I became acutely aware of the distinction between these two terms. After the first procedure I felt incredibly proud and happy that the lymph nodes and margins were clear, and we had seemed to have completely excised the disease. However, my feelings of immense joy and accomplishment were shattered when I talked to the patient after surgery and found out that he could barely live the life he had. He was largely confined to sitting, and he could no longer live the life he had so enjoyed.

Alongside the emotions I had to come to terms with when working with such sick patients, I also had to struggle with the realization that the department was heavily male- dominated. There were no female surgeons in the department, and there was only one female resident. I had been in such situations before, as the only girl in my Math Honor Society in high school, then again as the only girl on my senior design team for my capstone engineering class during undergrad. However, it still was a shock when, upon expressing concern that I did not feel confident taking patient histories because I did not know how to read chest x-rays, I was told that I just had to "chat with the patient and look pretty."

> *"...I have realized that my healthcare team expands every day: a community that I can not only rely on, but also contribute to..."*

These experiences eroded the layers of confidence and certainty I had built up since high school: I was sure that I wanted to be a surgeon after watching a cesarean section in 10th grade. The raw emotions that came with being a surgeon, however, truly shook me to my core. How was I supposed to uphold my promise to heal my patients when life after surgery is only half the life they used to have? How was I supposed to go through another stage of life where I was one of the few women in the field?

As a child, my tennis coach told me that though tennis seems like an individual sport, I always had a team.

Despite my experiences during my research fellowship last summer, my decision to make a commitment to serving patients for a lifetime came when I realized that, like my tennis coach said, I had a team in medicine to support me. I sought advice from the female resident in the department, as well as other female physicians who I looked up to, on how to assert myself as a female medical student. I was taught how to respectfully but confidently communicate with my colleagues and my patients. My team also consisted of my surgical team – the attendings, residents, and nurses–- who I talked to about how to best serve advanced or end- stage patients, and how to come to terms with less-than-ideal clinical outcomes. My team even consisted of physicians who were not directly present– from Dr. Paul Kalanithi, the author of *When Breath Becomes Air*, I learned that as a physician part of our job is not to always promise patients for their health, but to help patients come to terms with changes in their lives brought about by disease and to help them find meaning in their lives even after an illness.

As I have entered my second year of medical school, I have realized that my healthcare team expands every day: a community that I can not only rely on, but also contribute to, creating a continuum of support and commitment to serving people and promoting patient health.