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**Blue Light**

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There’s a certain kind of magic in the blue light of early dawn, a fleeting, ethereal glow that lingers just before sunrise. It’s a light I know well, not from serene mornings spent watching the horizon, but from countless all-nighters—pouring over textbooks in medical school, monitoring patients on overnight rotations, or wrapping up charts after a long shift. This blue light has come to symbolize the rhythm of my life as a physician: a life where work often blurs into the personal, and where the lines between duty and desire are painted in shades of the same cool, unwavering glow. For a while, I convinced myself that this was just the way it had to be. Medicine demanded everything, and who was I to push back? And so, I complied, even if it came at the great cost of my physical and mental wellness.

For many in medicine, seeing the blue light has become a badge of honor, a quiet affirmation that we are part of something bigger and that the extensive care of our patients triumphs over the work of others. But this normalization of overwork in medicine carries a paradox: it’s both an emblem of dedication to helping others and a warning to others to not get too attached to those we care for lest you succumb to the same fate. For me, work-life integration (WLI) is not about escaping or even shaming those for wanting to see the blue light; for wanting to be lauded as a super-human physician that can care for their patients better than anyone else due to their academic acumen. Rather, to achieve WLI as a woman physician is to redefine what it means to live within its glow and to embrace the challenges of not conforming to the rigid expectations of what it means to be a physician.

Ultimately, to be a woman physician is to live life on the balance of overwork. The “second shift” waits for me after a long day, pulling me into the roles of caregiver, organizer, and emotional anchor. Even without children of my own, my standing as a single Latina woman in graduate school does not exempt me from coordinating the care of my elderly parents and younger siblings. In a society that still hesitates to release women from traditional domestic roles to be a caretaker and homemaker, seeing the blue light after a long night of catching up on a seemingly infinite list of responsibilities can feel like a trap and instills doubt about one’s own ability to succeed both domestically and professionally. Add to this the systemic inequities in the medical profession—disparities in pay, leadership opportunities, and flexibility—and the glow of the blue light often feels more like a harsh spotlight on the hurdles we face to get equal recognition as our male peers who are not held to the same exacting standards.

Our society’s insistence on abiding by traditional gender roles is exactly why achieving WLI as a woman physician must be done by redefining what it means to be a physician and to introduce flexibility into the schema of being a caretaker. Being a great physician doesn’t mean being available at all hours or defining one’s worth by the number of hours worked. Similarly, being a great caretaker doesn’t mean shouldering every responsibility alone or adhering to outdated ideas of what caregiving should look like. With my mother working full-time as a physical therapist and my caregiver, I was raised in an environment where science and medicine reigned supreme and its inclusion in all facets of my childhood was inevitable. The hospital staff lunch room was my playground when she couldn’t find a babysitter after school, the anatomical models of various organs and extra stethoscopes were my toys, and instead of playing house I would run a clinic where my ‘patients’ were my stuffed animals that I would diagnose with strep throat or other medical jargon I would hear my mother say over the phone to her colleagues. Her insistence to not only be a leader in healthcare but also a caring, attentive mother ultimately led me to developing my interest in becoming a physician. By rejecting these antiquated notions, my mother opened the door to a new understanding of success and was able to provide her children with the best possible chance to succeed.

To redefine what it means to be a physician, we must also challenge the deeply ingrained narrative that personal fulfillment comes second to professional success. This requires cultural shifts within medicine that can start by fostering environments where conversations about work-life integration are not stigmatized but encouraged, and where women are empowered to advocate for themselves without fear of judgment. It means mentoring young physicians in a way that acknowledges their whole selves, helping them envision careers where both their professional and personal dreams can coexist. And perhaps most importantly, it means embracing the idea that there is no singular way to be a great physician or a great caretaker.

The blue light will always be there to greet me, whether after a long shift or night of pure revelry. It’s the nature of the work I do, and I wouldn’t trade it for anything. But now, instead of letting it define me and my success, I’ve made peace with it. The blue light of dawn has become a reminder of my ability to reclaim the narrative and, ultimately, to shape a life where I can be both a dedicated physician and a fulfilled individual. It’s a life where the glow of the hospital merges with the warmth of home, where the work I love doesn’t eclipse the person I’m becoming. And in that light, I’ve found something truly extraordinary: a life that is entirely my own.