Gratitude's Renewal

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This spring I attended medical school commencement. Although I am faculty at Boston University School of Medicine and both teach and advise students, I have only participated in this ceremony on one other occasion. This year, however, a close friend was delivering the address, my life partner was receiving a “Humanism in Medicine” prize, and several of my favorite “kids” were graduating. I was eager to share in the festivities.

Our dean, a willowy woman with a sly sense of humor, opened the ceremony by congratulating and thanking the graduates and their families. The student speaker delivered a ten-minute comedy routine during which every academic department was lambasted. My friend, a legendary teacher at our institution, gave a beautiful talk stressing the importance of listening to patients and maintaining one's intellectual curiosity. The event was both charming and meaningful.

Medical school commencement is a celebration of achievement; these young people *work hard*. Even the most privileged students or those born into medical families study a great deal, delay certain comforts in favor of academic pursuits, and tackle curricula far more complex than those in place just ten or twenty years ago. Graduating medical school is an enormous accomplishment.

For several of my students, however, earning degrees also involved grappling with crushing educational costs, overcoming inadequate academic preparation, and even surmounting language barriers. Watching these youngsters graduate was particularly humbling and refreshing. It reminded me that for many of our students, the dream of becoming a physician is born of audacity, not expectation.

I don't always practice with the mindfulness and appreciation I should. During a low point in residency, perhaps ragged from overnight call, I complained to a mentor that I resented patients with seemingly minor ailments. “I didn't go to medical school to treat back pain and stuffy noses,” I groused. “Why are these people bothering me?” Peering over his glasses, eyebrows quizzically arched, he replied that the patients with those very problems—the “girders of our practice,” he called them—put food on our tables, shirts on our backs, and allow us to take vacation where and for how long we pleased. “We should thank God for back pain,” he concluded, “not resent the poor souls who seek help for it.” Embarrassed and recalibrated, I scurried off to read the next chart.

Ten years into my career, I remain occasionally blind to my good fortune. Late night pages from patients annoy me more than they ought. I was once so hard on a college student who called me at bedtime to report a tick bite that I wrote her a letter of apology the next day. Her primary care physician, for whom I had been covering, told me the young woman had been shaken by my reprimand.

On occasion, I find myself descending into cycles of self-pity and boredom. A run of young people with anxiety, or the perennial wave of springtime allergies, find me hoping for “real” pathology. I sometimes fantasize that a large and “coarse” patient is not simply large and coarse, but is rather the bearer of a treatable hormone imbalance—or that my patient with resistant hypertension has a curable secondary cause.

I tend to forget how privileged I am.

One of my graduating advisees was the son of migrant farm workers who never completed elementary school. He grew up in a gang-infested neighborhood, attended community college, transferred to a four-year school, and was admitted to our highly selective program. He excelled academically, was well regarded by faculty and peers, and matched into a respected residency program in anesthesia.

Another young man arrived at our medical school just six years after moving to the United States from Armenia. At the time of that move he spoke virtually no English, yet after spending three years working and attending community college, he was admitted to a prestigious private university. He excelled in his pre-medical course work, applied and was accepted to our school, and has now been admitted to a residency in general surgery.

A third advisee from this year's class—one of the loveliest men I have ever met—worked his way through undergraduate and medical schools. Holding two or three jobs at a time for the past eight years, never working less than 15 hours a week (even during his clerkships), he struggled to defray educational and cost-of-living expenses even as his wealthier classmates

socialized or vacationed. He matched into a prestigious residency in internal medicine, and I am certain his program directors will appreciate his intelligence and work ethic.

Last year one of my advisees was recruited by one of the most competitive medicine programs in the country. This young woman, who had graduated from an Ivy League school with honors and devoured her medical school curriculum, is the child of Korean immigrants, learned English as a second language, and finished high school homework assignments while working the cash register at her family's corner grocery shop.

Studies show that a significant percentage of physicians are dissatisfied with their work. Financial pressures are formidable and modes of documentation and inter-physician communication are evolving. It is nearly impossible to keep abreast of fresh data and recommendations, and reimbursement strategies are in flux. We all face a great deal of uncertainty. Despite this, however, young people are tearing doors off hinges to be admitted to our medical schools. They assume debts, leave communities and families, and overcome barriers of improbability to join us in our work. Attending graduation, I was reminded that their efforts and desires reflect the glory and privilege of being a physician.

I am very lucky. We all are.

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