“Beep beep!” my alarm went off at 10pm. I dragged my heavy legs out of the bed, tossed my pajamas in the laundry bag and jumped into my heavy EMT pants. Dreading the overnight shift ahead of me, I gave my warm cozy nest a reluctant final glance before heading out into the cold. Over time, I have come to prefer night shifts - they have allowed me to build stronger bonds with my coworkers, with whom I share 3am coffee and pass out on the couch.

Shared hardships bring people together. I learned this when I met Doudou, a 7-year-old from rural China, at a local hospital in Beijing 9 years ago. I had an outsized adenoid that obstructed my airway, and she had a sphenoid tumor pressing on her optic chiasm that took away her vision. We connected instantaneously over the anxiety for surgery. As much as I thought I understood her experience as a patient, I realized that I was missing something when she told me that her biggest wish was to go and see Tiananmen Square, a landmark I passed by routinely but never thought of taking a good look. Closing and opening my eyes again and again, I wondered how it felt to be blind and what the world would look like in her dreams. Soon, the narrative of Tiananmen Square became my daily bedtime story to her. If I was not able to fulfill her dream with eyesight, I would make up for it with words. Her dream was my first induction into medicine.

11:00 pm. “Phew, right on time”, I arrived at the squad room and picked up one of my once worst foes: the clunky handheld radio. When I first started working with MERT(Penn EMS), I struggled to discern the dispatchers’ messages from the symphony of noises. It reminded me of the brief language barrier I encountered when I first moved to the U.S. 6 years ago. The life as a first-generation immigrant has since taught me the virtue of embracing challenges with hard work and perseverance; the importance of making connections with those around me; and the amazing goodwill of people. These life experiences worked magic as always. Before long, I was able to capture the key information on the radio with ease.

1:00 am. Expecting to spend the night with drunk patients as usual, I was startled when the radio went off. “MERT, we have a hospital case of a male fallen from 3rd story in the Quad.” My blood boiled instantly. This was my first trauma patient. Ever since I became an EMT I have anticipated and rehearsed in my head a million times a heroic rescue. But as we seized our equipment bags and blitzed out of the squad room, I could not bring myself to the exhilaration of finally a chance to act out what I signed up this for. What popped into my mind were the pictures of fractured skull, flail chest and spinal injury on my EMT textbook, and a deep concern for seeing these on a real person. Was I ready to take responsibility for someone’s life?

Before I had an answer, we found our patient facing down choking on a small puddle of his own blood. The bloody scene was nothing like the textbook, nor was I as composed as I had pictured myself. As I palpated his radial pulse, my heart raced so hard that I was almost unable to distinguish my own heartbeat from his. “Responsive to painful stimuli, breathing, pulse present, external bleeding controlled,” I forced myself to keep calm and formed my initial impression. My partner held his c-spine immediately as we rolled him supine. “SpO2 86%, I’m giving him oxygen.” My stressed vocal cord started to loosen up as I updated the crew.

“Come on, stay with me!” I urged the patient while putting a non-rebreather mask on him. His SpO2 creeped back up to 95% as if his unconscious body was listening to me. It gave me a moment of relief, but the severity of his condition made it a short lived one. He was showing unequal chest rise, laterally diminished lung sounds and abdominal distension – all the signs of pneumothorax. As I worried over these signs, it occurred to me that this job was not about the glamor of a heroic rescue, but about saving the fragile life of a fellow human being. The fear of losing him stayed with me after the handoff to the paramedics. Back in the squad room, I stayed up until our medical director assured us that the patient had been stabilized and transferred to the ICU.

7:00 am. Walking home in the first light of dawn, I could not help thinking about my purpose of life. From Doudou to my first trauma patient, it has become ever clearer that medicine would be the center piece of my future. It makes me sad that some diseases do not have cures and many patients never recover. I feel their agony in my heart; I long for their eventual return to health; and I want to play a role their healing process. Becoming a physician is the means toward this end. It entitles me to the power to render help.

The great responsibility to care for others underscores not only the appeal of medicine, but also its challenges. I have met patients who cannot see, cannot speak, or is not conscious. Practicing medicine is never just about medicine. Physicians are the greatest communicators and detectives. They have to find clues in numbers, charts, and fleeting signs. Not even four years of medical school will adequately prepare them for the job. After a long night of gratifying work, I emerged in the rising sun with a renewed confidence that I am both mentally and physically ready to embark on the journey.