

Mizzou Medical Student Personal Statement #2

Sitting in the sand, looking out across the Pacific, I decided to become a physician. Before me, I felt the pull of the ocean, and accepting an internship at the Maui Ocean Center would lead to a life dedicated to creating a healthier underwater environment. Within me, I felt a stronger force, drawing me home to Missouri, to a life of service in which I would use my compassion and intellect to create healthier lives for others. Through faith, I found that my purpose was to impact others; to provide opportunity, motivation, and care through medicine.

I began medical school open to any specialty for which I was meant. While I have enjoyed many aspects of medicine, in every experience I have felt most drawn to the interaction between a provider and the patient for whom they care. I realized that I become invested when a patient entrusts in me their motivations, decisions, and mistakes, hoping that I may have something to offer in their pursuit of a better life. Their vulnerability is a privilege and a hope, and working towards this hope is the challenge to which I am called. Choosing between specialties was simple: I want to train under family physicians because they, most prominently, embody the unyielding commitment to compassionately work alongside the patient to accomplish their goals.

I have learned family physicians are identified as such not only for their ability to treat a family, but also because they come to know their patients as only family can, allowing them to work towards goals surpassing the management of an illness. I am committed to becoming an excellent doctor, well versed in diagnostics and management, but I believe health is only the cornerstone to opportunity. In my experience, a patient's greatest fear is that their doctor will fail to see from their perspective. I hope to be a clinician capable of such empathy, of practicing in the context of my patient's psychological, socioeconomic, and physical challenges. Training in the culture of humanistic, personal, and comprehensive care that is family medicine will make this possible.

As the medical environment changes, grows, and fragments, patients spend less time with providers who know them. Doctor-patient relationships are becoming transient, and family physicians are becoming more essential. I am excited to learn my limits, how to appropriately utilize specialists, and serve as the one physician who will always take ownership over my patient. I want to prepare a new mother, care for her baby, watch him grow, help him navigate adolescence, facilitate many healthy years, and ensure his autonomy and comfort at the end of life. Practicing family medicine will allow this, as well as the opportunity to pursue my specific clinical passions, such as academic, adolescent, international and sports medicine, and clinical ethics.

An influential and transforming experience, symbolic of family medicine, came early in my training. Alone in my tent in a remote Tanzanian village, I awoke to children singing in preparation for school. After breakfast, we hiked from home to home assessing the medical needs of each family and offering education. The next day, we organized a clinic. One of my patients was a young girl with cerebral palsy. The local physician refused her antiepileptics because her disorder was considered the result of sin. With medication in hand, I hiked to her home that afternoon. Her mother was grateful, and I returned to spend the evening playing soccer with the children from the village. Even in a distant corner of the world, I had found the elements of the life of a family physician: acceptance into a community and into families, the relationships in which he invests, their trust, and his devotion. This is the purpose to which I am called.