It used to be sheet music--not medical journals--covering my desk. High school Nick was known most for his trumpet playing, and life was dedicated to perfecting Vivaldi concertos and playing along to transcriptions of Charlie Parker solos. The son of a family physician and a middle school band director, I lived life until college in orbit of the latter influence (though even the family physician was a trumpet player). Music was everything, and a three-time All-State performance record led most to assume that trumpet would be the natural career choice. On the final day of the last All-State Jazz rehearsal, the guest band-leader asked members to raise their hands if they were pursuing careers in music – mine was the only to stay down. I knew then that my long-term focus would change. The director, Fred Sturm, was in an ongoing battle with leukemia and, before my solo the final night, told the audience that someday I would be his doctor.

Well-known trumpeter Vince DiMartino drew me to Centre College in Kentucky for undergraduate studies. Though a biochemistry degree prepared me for the rigor of medical school, out-of-classroom experiences developed my heart for service. I traveled each summer to Florida to work as a counselor and staff leader at Camp Boggy Creek, one of actor Paul Newman’s summer camps for children with chronic and terminal illnesses. In the words of Newman, camp was a place where kids often confined to hospitals could just “raise a little hell.” In addition to learning many of the leadership and communication skills that I now use every day, camp helped me learn what it means to celebrate life. In the course of four years, several children I had come to know and love lost their fights. I dedicated myself to children’s cancer, shadowing oncologists with thoughts of a future career in the field, and raising thousands of research dollars for the St. Baldrick’s Day Foundation.

Though a career in treating children’s cancer remained alluring, travel abroad dramatically shifted my focus. During a sophomore year Witness for Peace delegation to Nicaragua, I visited sweatshops and their workers, worked in the coffee fields, stayed with a family in the urban slum, and toured hospitals--all while studying liberation theology with Centre’s religion chair. The trip began a radical transformation of my worldview. Furthermore, Spanish immersion led to language skills that proved invaluable during longer educational experiences in Mexico and six other Latin American countries. All of these experiences put me face to face with disparity, and put a new and very human face on domestic poverty.

After college graduation, I worked with AmeriCorps in a Louisville community center dedicated to serving Somalian refugees. After year one of medical school, I led a group to Veracruz to rotate with Mexican physicians and, later that summer, worked at a Bolivian mission hospital. A new and stronger passion took hold as I continued my journey in search of my role in addressing these disparities —arriving with a vision of full spectrum care for underserved populations. Though much of this passion was globally influenced and motivated, its implications are relevant to populations both here and abroad. I continue this journey this year with a two-month rotation in rural Honduras as a fourth year Medical Assistance Programs International fellow.

Perpetually questioning and hungering to learn, I have developed a vigorous commitment to evidence-based medicine. As a junior AOA inductee, I’ve been tempted by great experiences in various specialties. My heart, however, tells me that Family Medicine will enable me to move another direction – into the beautiful space between cutting edge new treatments and unmet needs of the underserved.

Family medicine helps to balance a lopsided system. Though interventions like fetal transfusion are remarkable, basic cesarean section remains unavailable to women both here and abroad who needlessly die or lose children in labor. Our system places thousands of unnecessary coronary stents each year, yet down the street, diabetics go without diagnosis or proper treatment. For me, medicine is a window into the community, a way to live life with and for others. As a career, family medicine is vital not only in what it offers for patients but also for our healthcare system. I love family medicine, but even more so I *believe* in it. I believe in the care of newborns in the context of the health of their mothers, in providers who care for the whole person in light of their joys and struggles, in expending as much energy in preventing illness as in treating it, and in bilateral, continuity relationships with patients that foster shared decision making. It is part career, part social movement, and is at least part of the solution to a nation in a health care crisis. Though I still play trumpet, weaving quality healthcare into complex patient stories is to me a new kind of art. If in 40 years I can look back and see that, in some small way, I’ve contributed to the movement of motivated people seeking to bring health and healing to the broken and forgotten in our system, *that* will be music to my ears.