



The art of medicine Admissions

Somewhere in the back of my garage, amid the cobwebs and the mouse droppings, the clunky old computers I've been meaning to recycle, and the wobbly old dresser I ought to have repaired, sits a carton containing my application for admission to medical school. I am not tempted to brave the dust and clutter and retrieve this decades-old document. I don't have to. I remember exactly what I wrote in it—and that I lied.

No, I did not falsify my transcripts or forge letters of recommendation. This transgression was milder and born more of embarrassment than treachery. In the essay portion of the application, I offered a convoluted explanation as to why, after studying English literature as an undergraduate, I'd re-enrolled to take the maths and science courses required for entrance to medical school. I wrote that I believed fervently that reading novels was excellent preparation for a career in medicine and implied that I had not so much changed my mind about what interested me as I was executing a carefully laid out plan. My not-entirely-honest argument must have been convincing because I received several acceptance letters. One admissions officer who had interviewed me even asked for permission to share my essay with his teenaged

daughter who loved poetry and hated science and whom he dreamed might yet become a doctor.

The truth? I applied to medical school because I panicked. I'd wanted, when I graduated, to be George Orwell; to have adventures, meet fascinating people, and to write books that could change the world. Instead, I secured a job as the assistant to the assistant editor of a low-circulation trade magazine in an inadequately air-conditioned office in Washington DC. I barely lasted the summer. I decided to become a physician the day my boss, a kind woman who took her role as my mentor seriously, invited me to lunch at an outdoor cafe near our office building. As we squinted in the blistering sun, she leaned across our wilting salads and informed me that if I continued to work very, very hard I might one day hope to have her job. Even organic chemistry and physics weren't more daunting than the prospect of spending my twenties in a cubicle, trying to attain a position as stultifying as the one I already had.

Yet this shameful truth, that I was propelled less toward medicine than away from boredom, was, I see now, merely another story, perhaps no more or less true than the one I told in my admissions essay. And when I arrived at medical school, I presented my new classmates with yet another version. I recounted how my (actually non-existent) childhood ambition to be a doctor had been thwarted by having attended an all-girls school at which science and maths were given scant attention. It had taken extra time and effort for me to overcome my substandard education. Never mind that the school, in fact, had several devoted maths and science teachers and that many of my classmates went on to study these subjects at university. I repeated this tale, which cast me in a flatteringly plucky light, so often over the years that I came to believe it.

Every doctor has his or her own personal origin myth, a story we tell about how and why we embarked on the profession. These myths are not unlike the many myths that human beings throughout history have crafted to explain natural phenomena and the very existence of the universe: stories that give meaning and structure to a process that can seem unsatisfyingly random. During the years I served on medical school admissions and internship selection committees, I heard many such stories from earnest young men and women dressed in dark, itchy-looking suits. They often recalled a family member who was a physician, a childhood illness, or a sick relative. How the doctor in their family or the doctor who treated them or their relative exuded mastery, wisdom, and compassion. How they wanted to be *that*.

Oddly, even though I spent hours after school tagging along while my father practised orthopaedics, I did not



Mimesyne, The Mother of the Muses (oil on canvas), Frederic Leighton, (1839–56)/Private Collection/Photo © Christie's Images/Bridgeman Images

associate my desire to visit his medical office with a desire to be a doctor. What I wanted, I think, during those afternoons I spent dipping x-rays into vats of sharp-smelling chemicals and holding limbs as the circular saw whined through plaster casts, was to be close to my father, a quiet and complex man about whom I was endlessly curious. He never spoke of medicine at home, and I went to his office, in part, to discover clues as to why he had chosen a profession for which he did not seem to me to have obvious enthusiasm. I also wanted, I now realise, to witness at close range the freedom of men. My mother, though very intelligent, was bound up during those years before the women's movement in volunteer work, a long-line girdle, and society's expectations. My father, by contrast, got to leave the house, wear the pants, and make the money. I wanted *that*.

Although I began my medical career with less than genuine passion, in time, similar to what a friend of mine once told me about her arranged marriage, I fell in love. What I loved at first was the drama, the derring-do. I was thrilled when my pager went off, when I joined the white-coated stampede racing toward a patient who had suffered a cardiopulmonary arrest, when I came upon the obscure diagnosis, the great save, the great case.

By my final year in medical school, though, I'd already lost my taste for excitement. At the end of our advanced medicine clerkship, we were required to deliver a grand rounds-style presentation of a patient we had admitted to hospital. One after another my classmates rose to the podium to discuss aortic dissection, the pulmonary manifestations of rheumatoid arthritis, the cryptosporidiosis and cytomegalovirus infections associated with the then newly identified virus that causes AIDS.

In comparison, my own choice was, depending on your perspective, either very bold or very dull. I presented the case of a middle-aged woman who wasn't physically sick. Her diagnosis was Briquet's syndrome, which would later be called somatoform or somatisation disorder and still later be renamed, in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, somatic symptom disorder. She was the daughter of a minor Hollywood star, an actress who had been a fixture of my childhood. In those days, hospital admissions were long and allowed for leisurely conversations during which I learned about this woman's unhappy years growing up in Tinseltown, the overweight and awkward daughter of a glamorous, if not especially talented, mother. She'd had countless unnecessary surgeries and her list of allergies was so long that she carried it around with her in a special notebook. She saw no relationship between her unhappiness and her symptoms, and, in retrospect, my own self-awareness was little better. I did not see then that the fact that I chose this particular patient for my presentation

had any significance. Her story—not her pathology—mesmerised me.

It took a few more years and a few wrong turns before I settled into primary care, where I found myself well suited to managing chronic illnesses and their effects on patients' life stories. Then after several years in practice, I changed my mind yet again. I now find that the stories themselves are what engage me about patient care. While some of my colleagues can't wait to share the details of a rare presentation of a rare disease, I'm more likely to regale co-workers with sagas of love and conflict, heroism and mystery.

So I have come full circle. It turns out that what I wrote in my medical school application essay, about how reading novels prepared me for medicine, wasn't a lie. As Tara Westover puts it in her memoir *Educated*, "it wasn't the truth exactly, but it was true in the larger sense: true to what *would be*, in the future..." Not so much a lie as a prophesy. Or, perhaps more accurately, something that really was true, only I didn't know it then.

I have wondered lately whether, just as we take recertification exams every few years, we might be required, at intervals, to rewrite our medical school admissions essays, to articulate at each stage of our careers just what sort of doctors we aspire to be. That's the thing about origin myths. They're meant to be revisited and revised again and again.

I never asked my father why he became a doctor. When I was young, I developed my own theory. He was, after all, as much constrained by his times as my mother was. Being a doctor was, especially for a middle-class boy who'd survived the Great Depression and World War 2, the apogee of conventional masculinity. I was forced to reassess this theory when, a few years ago, I learned of some severe financial reverses his family experienced when he was an adolescent and of which I hadn't been aware. Medicine, I reasoned, must have seemed a safe harbour for him, whether he liked it or not. Then, just recently, I reconsidered this narrative, too. I allowed my mind to wander back to those afternoons at his office in Brooklyn, near the main branch of the public library, the grinding of the window air conditioners competing with the whining of the circular saw, my father's cigarette smoke mingling with the plaster dust. I pictured his large craggy face leaning intently toward a patient as she described her pain, and, 15 years after my father's death, I understood something I hadn't understood before: that I never saw him happier.

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