knowledge can also inform efforts to achieve the goals of the White House Conference on Hunger, Nutrition, and Health of ending hunger and reducing diet-related diseases and disparities by 2030. Addressing childhood obesity has been an enduring challenge. Researchers and policymakers should not overlook what is already working well and should continue to pursue promising prevention-focused approaches.

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From the Department of Social and Behavioral Sciences (S.L.G., D.R.W.), and the Department of Health Policy and Management (S.N.B.), Harvard T.H. Chan School of Public Health, Boston.

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What Is a Mentor?

Suzanne Koven, M.D.

A few weeks into my medical internship, decades ago, I realized that I didn't want to pursue the neurology residency I was scheduled to begin the following year. In retrospect, I think I made a common error: mistaking what interested me for what I wanted to spend my career doing. As a medical student, I'd been drawn to the nervous system's fascinating anatomy and pathophysiology. But what I found I loved most during my internship wasn't anatomy or pathophysiology. Like most interns, I enjoyed solving diagnostic puzzles and managing complex acute problems; great cases excited me. What thrilled me more, though, was seeing patients *after* their crises had passed. My favorite part of internship was the part most of the other interns liked least: outpatient clinic.

I delighted in seeing people I'd followed in the hospital come into the clinic, dressed in regular clothes. Sometimes they even dressed up to see their doctor — me! I liked it even better when they returned to the clinic again and again for visits during which I learned about their lives, their work, their families, and how all these things affected and were affected by their health. Of course, for many or even most neurologists, patients' stories are more compelling than their lesions. Indeed, the great neurologist-writer Oliver Sacks preferred what he called his patients' "biographies" to their cases. But comprehensive, longitudinal care is the purview of the primary care physician, and a few months into my internship, I knew I was meant to be one.

Confident as I was in this realization, I dreaded acting on it. How could I renege on my commitment to the highly selective neurology residency to which I'd matched, backing out of a position I'd taken from someone who truly wanted it? Even more vexing, what if I was wrong in changing careers before I'd barely started? What if primary care's appeal during my internship was simply a postgraduate extension of the affliction that typically affects medical students during their clinical rotations: liking *everything*?

I knew just the right person to help me with this dilemma: the dean of students at my medical school, a kindly older physician who gave wonderful advice. Though I'd graduated only a few months earlier and was interning at the hospital affiliated with the school mere yards away, I wasn't sure whether it was still appropriate to seek his counsel. Had the statute of limitations on his mentorship of me run out when I received my M.D.? I asked him. "Nonsense," the dean said. "Come on over." What he said to me during our brief conversation that day changed my life.

Medicine is a hierarchical profession in which experienced practitioners guide apprentices — a culture of mentors and mentees. We assign mentors, give out mentorship awards, and publish studies documenting the deleterious consequences of the fact that women and members of underrepresented racial or ethnic groups are less likely to be mentored. But what exactly *is* a mentor?

The mentor may receive immense satisfaction from nurturing the mentee's development, but that satisfaction is secondary to the benefit the mentee receives.

A couple of years ago, the group at my hospital that meets monthly to discuss works of literature mulled over this question. We'd read Sigrid Nunez's charming novel *The Friend*, about a writer whose longtime mentor dies and leaves her his Great Dane, a bequest somewhat complicated by the fact that the woman lives in a small Manhattan apartment in a building that doesn't permit dogs. One issue Nunez raises in this fable-like tale is whether the gift of mentorship can sometimes be a burden. Before our group grappled with that question, though, we attempted to define mentorship itself. We considered whether a mentor is a teacher, a coach, an advisor, a patron, a role model, a wise friend, a parental figure, a sponsor, an advocate — or some combination of all of these. None seemed quite right, so we consulted an authority: Homer. The word "mentor," after all, derives from *The Odyssey*. Mentor is Athena, the goddess of wisdom, disguised as an old man who assures young Telemachus that he's more capable than he realizes of managing his father Odysseus's chaotic household while Odysseus is journeying home from the Trojan War. Perhaps, our group concluded, a mentor is someone who has more imagination about you than you have about yourself.

The dean listened as I described my quandary. Should I stick with neurology and see how it worked out? Or should I follow my instincts and switch to medicine, even if that meant I risked acquiring a reputation as a quitter? He leaned forward in his chair and smiled warmly. "Here's what I want you to do," the dean said. "I want you to go home and look in the mirror and envision that it's a few years from now and you're a neurologist. A patient comes to you with numb feet, and you diagnose him with peripheral neuropathy caused by heavy drinking. Then you inform him that he should discuss his alcohol problem with his primary care doctor. Now tell the mirror how you feel about that." I didn't need to go home, and I didn't need a mirror. I knew exactly how I felt. I wanted to be the doctor with whom the patient discussed his drinking.

I've had many excellent mentors since then. With some I've had decades-long relationships, and others have mentored me effectively in a single meeting — or even with a single comment. Most have been older than me but, more and more recently, several have been younger. What they all have in common is genuine empathy and firm ego boundaries — qualities not dissimilar to those that make someone a good friend, teacher, parent, or clinician. Which is to say that they've truly cared about my well-being and success and that they've understood that mentorship is about the mentee, not the mentor. The mentor may receive immense satisfaction from nurturing the mentee's development — indeed, being a mentor is the most gratifying part of my work at this late point in my career — but that satisfaction is secondary to the benefit the mentee receives.

Interestingly, though it can be helpful for the mentor to share a mentee's interests, that's less important than one might believe. I recall meeting with someone who had been billed as the perfect mentor for me. His unique set of passions mirrored my own, and he'd had a career just like the one to which I aspired. I think he meant to be helpful, but he spent most of our meeting telling me which opportunities to avoid rather than which to pursue, what I couldn't accomplish rather than what I could. No matter how perfect the alignment seems, if you leave a meeting with a mentor feeling like your possibilities have narrowed

rather than broadened, you know you've got the wrong mentor.

And how do you know when you've got the right mentor? Again, the best gauge is how you feel after meeting with them. A good mentor makes you feel the way I felt leaving the office of my old dean, nearly 40 years ago, crossing the street from the medical school back to the hospital: more grounded than before we'd spoken, and also lighter than air.

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From the Division of General Internal Medicine, Massachusetts General Hospital, Boston.

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