

Family medicine is the compassionate and enduring whole body, whole person and whole life care that stand at the center of health and wellness. I believe that it sees people as more than acute sickness or chronic illness, more than simply a problem to be solved. Family medicine believes in the importance of the patient's story and interpersonal connections. It recognizes that life is dynamic and ever changing, that we are all on a journey. It lies at the heart of truly excellent health care because it motivates action yet understands relapse. In family medicine, we stand at the precipice of change and advocate for those in our care.

I have wanted to practice this specialty for as long as I can remember. In its earliest stage the desire was an unconscious instinct as the doctor I had always imagined becoming was made in the image of my family physician. As I have moved forward in my medical career, that unconscious instinct has become a wholehearted conviction. I thoroughly enjoyed my third-year clerkships, but as one of my family medicine attendings recently told me, "you were beaming when you were with us." Though it may sound cheesy, family medicine gives me the warm fuzzies. I am not naïve to the hardships of our specialty, but I would rather focus on the joy and sense of meaning it can bring.

Having experienced and witnessed the impact of health care disparities, I have made a commitment to practice family medicine in an underserved community. Until my 18th birthday, I received my health care at a local federally qualified health center as a Medicaid patient. Even young and unworldly, I knew something was not quite right at *my clinic*. There was an unspoken yet palpable sense of dissatisfaction. The doctors were overwhelmed with too many patients with too many concerns to address in 15 minutes, too few resources and not enough hours in the day. The patients knew that their care was a direct consequence of where they lived and how much they made. I promised myself then that I would join those physicians in their effort to provide quality care to an underserved population.

As a high school freshman, I spent the summer shadowing my then-pediatrician. Before that summer I had always been a patient. I knew what my experiences had been. What I had never realized was how many other people, how many of my friends and neighbors, were in the same situation. They too struggled to find time to visit the doctor, with the no-win decision of whether to fill prescriptions or buy groceries and frequently with a heritage of poor lifestyle choices. I watched as their pride evaporated before my eyes. I found my mission in the words of Edward Everett Hale, "I am only one, but I am one. I cannot do everything, but I can do something. And I will not let what I cannot do interfere with what I can do."

Most heart-wrenching has been watching my own mother suffer without insurance practically all of my life. I was there when a doctor told her after a near-fatal car accident that people like her often get better after the settlement so he did not think they needed to rush into treatment. I have seen her bear excruciating pain because a 15 minute doctor's visit might mean that the light bill would not be paid. I see her suffer with gastrointestinal problems because a doctor did not have the time to hear her story and prescribed a drug that almost killed her. I see her cringe when she tries to pick up my youngest brother because her shoulders ache from having driven a school bus and she cannot afford the cortisone injections. My mother lives with pain every day because she cannot afford health insurance. She is not alone, and no one should have to suffer as she does.

As I plan the next steps in my journey, I seek training that continues to teach me to see each patient as a person, as well as how to provide a medical home for families. Most importantly, I seek training that will equip me to practice the full scope of family medicine confidently and excellently, whether I have someone to turn to or not.