

This is my plan. I am going to tell an engagingly funny story about how I picked my future career choice out of a saucepan. Literally, four pieces of paper, four career choices, and I picked family. I will then relate this engagingly funny story to my love of cooking (I plucked them out of a saucepan, you see, not a hat) which will then be turned into a wise and penetrating analogy between family medicine and cooking; the mixing of ingredients, the variety of flavors, the opportunities for various specialties and passions, all within one career, one saucepan.

But, no, stop, do not worry! Did I really pick my career randomly, trusting fate and four slips of paper more than my own interests, judgment and sound mind?

Of course not. The saucepan was merely an exercise. I will explain.

You see, after my family medicine rotation in December of the third year, I knew I was home. But it was hard to stick to my instinct because there had been so many wonderful things that year! July, trauma surgery...running down the halls, bursting into the ED, clear the CT scanner, pump that chest, rulers of the universe TRAUMA surgery.

January, after scraping my ego off the ceiling where it had been blown sky high by the trauma team, there was internal medicine, and so many specialties to choose from and the chance to be an oncologist like I had always imagined, or an infectious disease specialist zapping microbes with an arsenal of big gun antibiotics. March, pediatrics, and the kids! Their smiles! Their trust! The mysteries behind their cries, the awe of their development and the challenges of counseling adolescents. And Ob/Gyn of course—primary care for women in a surgical subspecialty? Sign me up! But something was always missing.

So that is how I got to the saucepan. The truth is, I did put all those fields into a saucepan and I did choose one at random. I just wanted to know what it would feel like to make a decision without a shadow of a doubt. Which is what happened...but the funny part is, I did not pick family medicine on the first round. I had to keep picking, because I knew Ob/Gyn would train me to be a surgical subspecialist before it trained me to be a counselor of women or an activist in community health. These interests are certainly possible in Ob/Gyn, but I knew they would not be the focus of my training. And so it went with the next slip of paper and the next until family medicine came through and jumped out of the pot and back into my heart where it had belonged all along.

So in the end, the patients won. The patients. That is what I loved the most. That is what I want to focus on. You cannot give me a disease process or an organ system or a surgical procedure that I will find more interesting than just the people themselves. They are my motivation and will sustain me through many, many years of practice.

And the wise and penetrating analogy I promised? I know lots of people who make chicken soup. You can add all sorts of fancy things but the secret is the foundation, the base and the heart: the broth itself. It must be rich with real roast chicken, scented with fresh herbs, delicate with steamed onions, browned by an onion peel left in to boil. This is what I want from my family medicine training: depth, breadth, intensity and a richness of experience that prepares me to welcome whatever specific interests I develop over the years, whether it be a special population, an alternative form of practice, patients in hospitals, patients in clinics or patients in huts. Sign me up, saucepan. Family medicine, I am yours.