

As I sat in the stagnant, humid, fly-filled one-room schoolhouse that was our makeshift health clinic, a young boy, probably no older than 10, raced to claim the seat across from me. It was the summer after my first year of medical school, and I and six other students had traveled to the country of Belize to help with a mobile medical clinic reaching the remote jungle villages of the Maya people. We had just arrived in San Vicente, a village on the Guatemalan border.

The boy introduced himself as “Junior” in a heavy Belizean accent and said that his left eye was hurting him. After examining his eye and noting the profuse purulent discharge from his orbit, I and the physician decided he was in need of antibiotics, but the boy’s parents were not present. So, I gathered a bag filled with medical supplies, and I followed the boy to his parent’s hut. Upon arrival, his parents were overjoyed to see me, and after cleaning Junior’s eye and explaining the antibiotic regimen to his parents, I fashioned an eye patch out of gauze and tape, which was wrapped around his head. The boy’s parents were overjoyed; apparently Junior had had this infection for weeks, but with no care available, there was nothing they could do to help him. Junior’s father grasped my hand and shook it vigorously; he then introduced me to each and every member of the nine-person family. They were extremely pleased, and I could feel their sense of relief as I spoke with them. As I left that hut, I realized that I had just had the privilege of serving this family in a remarkable way; as far as they were concerned, I was their physician. It was an honor to play such an instrumental role in their lives.

Through this experience abroad and also through my service at an inner-city free medical clinic, I have seen the lack of access to medical care as a worldwide problem. The lack of primary care, in particular, is becoming critical, even in the United States. With this in mind, I have developed a strong desire to provide medical care to the underserved, both in this country and overseas. I am hoping to someday practice primary care in a rural setting as well as pursue international missions, and the specialty of family medicine is ideal for both of these endeavors.

I have also come to understand that building strong, personal relationships with patients is what makes medicine meaningful. While I am fascinated by the basic science behind medicine, it is working with people that truly excites me. Family medicine offers the opportunity to not only work with patients and their families throughout their lives, but also to play a vital role in a community. In addition, I am one who highly values his interests outside of medicine, and I have found that family medicine often encourages its physicians to be well-rounded and maintain diverse interests, a quality that is certainly not present in all specialties. Thus, family medicine allows me to play an integral role in the lives of my patients and my community while living a balanced lifestyle.

In April of the upcoming year, I will be traveling to Tanzania for four weeks to work at the Kitua Zahanati clinic. The clinic is located on an island in Lake Victoria, and the American missionary stationed there provides the only medical care to the island’s 10,000 inhabitants, as well as for the people of the numerous surrounding islands. I will have the opportunity to experience primary care, obstetrics, pediatrics and minor surgeries, and I will also have the privilege of observing a physician who plays an absolutely vital role in his community. I hope that, through this experience, I will not only broaden my grasp of medical knowledge but also gain a better understanding of what it means to be an outstanding physician for my patients. And, I hope to apply this to my career in family medicine.