

## Choosing a medical specialty

Epiphany, where are you?

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epiph-a-ny noun \i-'pi-fə-nē\: (1): a usually sudden manifestation or perception of the essential nature or meaning of something (2): an intuitive grasp of reality through something (as an event) usually simple and striking (3): an illuminating discovery, realization, or disclosure.

-Merriam-Webster Online

h Epiphany, where are you? I attended a year and a half of lectures and absorbed as much information as possible about every molecular, biochemical, and cellular mechanism imperative to maintaining the body's homeostasis. I spent countless hours in the basement of the medical school learning anatomy from my cadaver (whom we fondly named "Arnold"). I have studied every organ system—integumentary, musculoskeletal, respiratory, lymphatic, cardiovascular, endocrine, genitourinary, gastrointestinal, nervous, reproductive—as well as the hundreds of disease processes that cause these systems to go awry.

I wielded a blade like a surgeon. I walked the halls of Grady like an internist. I delivered a baby like an obstetrician. I held the hand of a dying patient as a palliative care provider. I distinguished macules from papules and patches from plaques on my dermatology rotation. I treated everyone from tiny babies to pregnant ladies to the elderly as the understudy of a

family physician. I tested each reflex and every nerve during my neurology clerkship. At the side of a radiologist, I learned anatomy that Arnold couldn't teach me. I cared for many minds on psychiatry and many tiny bodies on pediatrics. I have witnessed the full range of disease etiologies, including genetic, developmental, toxic, infectious, traumatic, metabolic, chemical, neoplastic, and degenerative. I have studied the vast spectrum of treatment options, including behavioral, pharmacologic, and surgical, and I understand the rationale and application of each to the above disease etiologies. All this has led me to the most difficult professional crossroads of my life: Where do I go from here?

The decision to pursue medical school was the easiest decision that I have ever made. I've never known a stronger desire than the one that I felt (and still feel) to become a doctor. I wanted to make the commitment to caring for people and possess the knowledge to do so. I hardly knew what I was getting myself into, but I couldn't wait to get started.

So how did the simplest decision turn into the hardest one? And when did life become a multiple choice test? All of sudden I have to chose between: (a) kids; (b) adult males and females; (c) females only; or (d) both (a) and (c). I have to decide whether I want to interact with patients or examine their pictures or inspect their pieces (in the form of pathological specimens). Do I want to know a little about a lot or a lot about a little bit? I have to factor in lifestyle, inpatient versus outpatient, academics versus private practice, seeing mostly healthy patients versus

seeing mostly sick patients, skin versus bones versus eyes . . . and it's more complicated than those aforementioned molecular, biochemical, and cellular mechanisms ever were.

So, dear Epiphany, why are you so late? You were supposed to make this an easy decision. Is this punishment for all of those days during first year of medical school when I snuck into 8 AM lecture when the minute hand was a few degrees past 12? I thought for sure that you would be here by now. I was counting on you. I'm starting to think you're not coming. Maybe you never were.

Contrary to my idealistic expectations, many medical students—if not most—end up marking you down as a "no show" in our appointment books. The truth is, there may not be one single specialty that's right for any of us. If we are having trouble deciding between two or three, any one is likely to fit roughly equally as well as the others. After spending many months agonizing over this decision, I have finally found that Jenna the pediatrician is not so different from Jenna the dermatologist or Jenna the geriatrician—because I will not be defined by the type of patient I see, but how I see them.

Stress over what divides us is temporary, but preserving what unites us—commitment to lifelong learning, medical ethics, and our patients—is unceasing, and is what earns all of us the extra letters that follow our last names

Epiphany, we meet at last.

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