

Excerpted from

WHAT I LEARNED IN MEDICAL SCHOOL

PERSONAL STORIES OF YOUNG DOCTORS

EDITED BY

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WITH A FOREWORD BY JOYCELYN ELDERS



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INTRODUCTION

When doctors are asked what they expected medical school to be like, they often answer with a blank stare. “I didn’t really think about it. I knew it would be hard. I just wanted to get in.” If asked what medical school was like in retrospect, they frequently say something like, “It was awful. I’m glad those days are behind me.”

So what happens to us in medical school? Because prospective medical students are so focused on getting in and on their eventual membership in the prestigious and powerful medical profession, they are primed to be particularly susceptible to the indoctrination that typically occurs. Medical school is, in many ways, like boot camp—patriarchal, militaristic, and designed to strip you of your individuality and turn you into a physician clone, devoid of personality, emotion, or creativity. Your life is hijacked. You’re told what to do every minute of the day and overloaded with homework at night.

Always trying to catch up, you devise ways to try to make up for lost time. You shorten your conversations with friends and family until you virtually no longer talk with them. You limit your daily routines until they’re unfamiliar. Before you know it, little of your previous life remains.

Your only focus is academic survival. You purge independent thought and don't ask larger questions relating to the educational process: Why does all learning in medical school seem to consist of rote memorization of cookbook-like lists? Why are we so pressed for time that we aren't allowed to ask questions in lectures or pursue in-depth study of interesting medical topics? Why are test scores the only measure of our success? Why does our patient interaction course, where we learn how to communicate effectively with patients, meet only once a week, while hard science courses meet every day?

To ask these questions is to risk losing time that is better spent surviving. Once finished with medical school, new doctors tend to put the experience behind them. For most of us, forgetting the past is a way to avoid examining a difficult or painful process.

So what stories do get told about medical school, and who tells them? Until the later part of the twentieth century, medical schools in the United States actively excluded large segments of the population, including Jews, Catholics, Italians, and other ethnic and religious minorities, especially during the 1920s. For more than a hundred years, it was socially unacceptable for women to enter medicine. Racial minorities were never welcomed. Poor preparatory education and expensive college tuitions limited access for the socioeconomically disadvantaged. Narrowly defined social mores and barriers to the poor meant that medicine as a profession existed for a very specific, homogeneous group of people.¹ Consequently, the perspective of white, wealthy, able-bodied, heterosexual men has generally prevailed. As a direct result of the social, political, and economic changes of the 1960s, however, a dramatic shift occurred in the demographic composition of American medical schools, beginning in the 1970s. But the effects of the influx of a more diverse student population into arguably the most

1. The factors that limited medical education for many are described in K. M. Ludmerer, *Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care* (New York: Oxford University Press, 1999), 63–65.

restricted, traditional, and powerful educational institution ever established in America have remained largely unknown.

Since the 1970s, the range of stories about the medical profession has broadened, to include, for example, the publication of memoirs by women physicians and the airing of popular television shows such as *St. Elsewhere* and *ER*, which depict a varied group of medical professionals.² Some books have even revealed the once-sacred trials and hazing of medical students.³ But many of these books were written from the perspective of people with privileged backgrounds, after they were no longer susceptible to retaliation. Many narratives—especially those from the increasingly diverse population of medical students—are still absent. This book is our attempt to showcase their stories.

As we look at the completed book, we believe that it presents a truly wide-ranging collection of stories. It describes how diverse medical students function in what is often still an exclusive, powerful, rigidly confining educational institution that is steeped in decades of tradition and is designed to train only the privileged students of generations past. The students represented in these pages write about why they chose to become doctors, the barriers they faced, the way they view their training, and the struggles they encounter as they progress through medical school. Some students enjoy the new opportunities they experience at relatively progressive medical schools; others struggle in more traditional environments. Each individual also writes with his or her own style and level of maturity. Some authors are directly out of college,

2. Memoirs include P. Klass, *A Not Entirely Benign Procedure: Four Years as a Medical Student* (New York: G. P. Putnam, 1987); E. L. Rothman, *White Coat: Becoming a Doctor at Harvard Medical School* (New York: William Morrow, 1999); and S. DasGupta, *Her Own Medicine: A Woman's Journey from Student to Doctor* (New York: Ballantine, 1999).

3. For memoirs of the “initiation” of medical students, see M. Konner, *Becoming a Doctor: A Journey of Initiation in Medical School* (New York: Viking, 1987); and R. Marion, *Learning to Play God: The Coming of Age of a Young Doctor* (Reading, Mass.: Addison Wesley, 1991).

while others bring their worldly experiences with them. Some are more self-focused, and others are more aware of their relationship to the larger community. Individually, each story can be appreciated on a number of levels: personal, social, and political.

But, taken as a whole, we believe the book accomplishes much more. It documents the struggles of individuals against a powerful institution at a unique period in our history and in the evolution of medical education. It raises questions about how much of our lives we should devote to our work and at what cost to our personal lives. In humanizing medical students and doctors, it leads us to wonder what types of people we want as our doctors and how we can best support them. It encourages us to rethink labels such as “alcoholic,” “lesbian,” “Muslim,” “fat,” and “illegal immigrant.” It also reminds us that we still do not have equitable treatment for all people, even people in the highest echelons of education. It provokes questions about the effects of affirmative action, immigration policy, and poverty. Perhaps most important, this book may give us hope that, as individuals, we too can overcome great obstacles.

This collection could have included still more perspectives, and we wish we had received an even broader spectrum of stories. For example, the West and East Coasts are overrepresented in comparison with the Midwest and the South, and we received few stories from older students. We were disappointed that we were not able to include some of the important stories that were submitted. Medical students wrote to us about coping with rape, domestic violence, medical student abuse, cancer, and a medical school classmate’s suicide. But we required each author to be willing to work with the editors, to have the time to revise his or her story, and to be willing to disclose his or her identity publicly. For some students, these were difficult requirements; consequently, because of busy schedules, an unwillingness to explore deeply personal issues, or a wish to remain anonymous, their stories weren’t included. We believed that it was important for each author to be identifiable, in order to be accountable to the truth of the story. With one exception, a woman whose identity as a recovering alcoholic could affect her future

career, all the authors allowed us to use their real names. (Note that although the authors are identifiable, all other names used throughout this book are pseudonyms.)

We chose to organize the stories into three thematic sections. Part One, entitled “Life and Family Histories,” highlights the unique backgrounds and experiences that people bring with them when they apply to and enter medical school. Eddy V. Nguyen examines what it means to be a Vietnamese boat refugee. His revelations shape his future career goals in medicine. Melanie M. Watkins, a black teenage mother, decides to go to medical school despite huge financial obstacles. During his application process for medical school, Nick Rubashkin struggles with issues surrounding his class background and whether or not to disclose his identity as a gay man. Paul M. Lantos, the grandson of four Jewish Holocaust survivors, contemplates his existence, life path, and career choice. Marcia Verence Casas crossed the Mexico-California border as a child and reconciles her desire to acculturate into American society with her Latina roots. Heather Goff, a woman with obsessive-compulsive disorder, works to overcome her illness.

Part Two, “Shifting Identities,” includes stories about the changes that occur—and the responses they evoke—during the socialization process in the world of medicine. Nusheen Ameenuddin, a Muslim woman who wears a traditional headdress, a hijab, reflects on how her hijab and her short white coat draw mixed public responses. Tresa Muir McNeal is a small-town woman from Texas who moves to a large metropolitan area for medical school and notices how she feels and how she is treated when she returns home. Karen C. Kim discovers that she’s considered politically radical in comparison to her classmates and questions why she chose medicine as a career. “Linda Palafox,” a recovering alcoholic, hides her identity for fear of repercussions. Rachel Umi Lee delineates the dilemma of trying to maintain her identity as a traditional Korean woman who is expected to “marry well,” while also choosing to enroll in medical school and enlist in the navy. Kevin Takakuwa describes his alienation from medical school. Lainie Holman, a lesbian

mother living in Ohio, uses humor to describe the absurdities of the medical school curriculum. Anita Ramsetty writes a letter to God, asking for forgiveness for not being a good Christian while in medical school. Akilesh Palanisamy discovers the traditional medical system of India, called Ayurveda, and compares it to Western medicine; he challenges the assumption that Western medicine is superior to other forms.

Part Three, “Confronted,” shows how nontraditional students are perceived and treated and how they struggle, internally or externally, to cope, in the face of being seen or treated as outsiders. Robert “Lame Bull” McDonald, a Native American, succinctly describes how a physician he works with views him. David Marcus, a man with Tourette disorder, suffers a lower back injury and is almost dismissed from medical school before he makes a transformation. Tista Ghosh utilizes a standard format for writing medical notes to recall being harassed by a male surgeon. Ugo A. Ezenkwele has an unexpected interaction with a patient and a fellow student. Kay M. Erdwinn contrasts her experiences as a fat woman with those of her classmates. Simone C. Eastman-Uwan chronicles her life in medical school as a woman with sickle-cell anemia. Thao Nguyen (no relation to Eddy Nguyen) presents a graduation speech that was never delivered.

We want to thank the authors for their bravery in exposing their private experiences so publicly, especially in a field like medicine, where nonconformity can feel particularly risky. In presenting these stories, we hope to convey that, on a personal level, we are all unique—and that we need not be ashamed of our differences. On a political level, we hope this book can foreshadow ways in which a dysfunctional system can evolve into something better. Today, medical school admissions are open to many who once were excluded. In comparison to the recent past, medical schools now are made up of more women, underrepresented minorities, and people with disabilities. As our society becomes more diverse, so does the medical profession. By chronicling this change in the demographics of medical students and putting a human face to their stories, we may serve to make these changes more accept-

able and may help to shape the medical profession to meet the needs of an increasingly diverse population. Finally, we hope this book brings encouragement both to those who feel isolated as they move through medical training and to brave souls who may be inspired to consider entering the rank and file of a diverse physician population. We dream of a day when we can all be proud to belong to a profession that recognizes and supports the differences among all individuals.